

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90131 011 ***150.00

DOCUMENT # P98000004959

1. Corporation Name

TODAY'S IMAGES II, INC.

Principal Place of Business

20807 SNAPPER PLACE
MIAMI FL 33189

Mailing Address

20807 SNAPPER PLACE
MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1998

4. FEI Number

65-0808107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1110 BRICKELL AVE

2a. Mailing Address

26 1110 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 602

27 SUITE 602

City & State

City & State

23 MIAMI, FL

28 MIAMI FL

Zip

Zip

Country

Country

24 33131 25 USA

29 33131 30 USA

9. Name and Address of Current Registered Agent

AZRIN, DAVID T ESQ
THE LAW OFFICE OF DAVID T. AZRIN, P.A.
44 WEST FLAGLER STREET - SUITE 2550
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name DAVID T. AZRIN, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

100 S.E. 2ND STREET

83 SUITE 2600

84 City MIAMI

FL

85 Zip Code 33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORALES, ARIEL M
STREET ADDRESS 20807 SNAPPER PLACE
CITY-ST-ZIP MIAMI FL 33189

☒ DELETE

TITLE VSTD
NAME JIMENEZ, ROLANDO
STREET ADDRESS 13757 S.W. 90 AVENUE #S-102
CITY-ST-ZIP MIAMI FL 33176

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT = P
1.2 NAME ELVIS E. TAYLOR
1.3 STREET ADDRESS 10230 SW 142 CT.
1.4 CITY-ST-ZIP MIAMI FL 33186

☒ Change

☐ Addition

2.1 TITLE VICE PRESIDENT = V
2.2 NAME ROLANDO JIMENEZ
2.3 STREET ADDRESS 9331 MARTINIQUE DR
2.4 CITY-ST-ZIP MIAMI FL 33189

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROLANDO JIMENEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99. 305-579-9001
Date Daytime Phone #

CR2E034 (11/98)