


FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90074 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000021841

1. Corporation Name

COMPETITIVE IMAGE, INC.

Principal Place of Business

5411 SW 126 TERRACE
MIRAMAR FL 33027

Mailing Address

5411 SW 126 TERRACE
MIRAMAR FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1998

4. FEI Number

15-0820847

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

RIVERO, HECTOR T JR
5411 S.W. 126 TERRACE
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

81 Name

HECTOR T. RIVERO JR.

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

5411 SW 126 TERRACE

83 City

MIRAMAR

FL

85 Zip Code

33027

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

2-25-99

12. OFFICERS AND DIRECTORS

TITLE	HECTOR T. RIVERO JR	<input type="checkbox"/> DELETE
NAME	PRESIDENT/CEO	
STREET ADDRESS	5411 SW. 126 TERR MIRAMAR, FL 33027	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHELE LASOSA - RIVERO	
1.3 STREET ADDRESS	5411 S.W. 126 TERR	
1.4 CITY-ST-ZIP	MIRAMAR, FL. 33027	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99 305 829-5538

Date

Daytime Phone #

CR25034-14-1001