PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042358

STREET ADDRESS

CITY-ST-ZIP

IMAGERY INSTITUTE OF SOUTH FLORIDA INC.

									11 88 111 88 411 9		AI 61181 IBH 1881
Principal Place	e of Business	Ma	iling Address								
3920 SOUTH W	EST 47TH AVENUE	3920	O SOUTH WEST 47TH	+ AVENUE							
HOLLYWOOD FL 33023		HOL	HOLLYWOOD FL 33023					DO NOT WRITE IN THIS SPACE			
	,						L		E IN THIS	SPACE	
								3. Date Incorporated or Qualifed			
<u> </u>								05/11/1998			
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number 143-72-641	Λ		pplied For
21		26						143-72-641	<u> </u>		lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc	• ~	٠.	-		5. Certifcate of Status Desired	-10		Additional
22		27								Fee R	Required
City & State			City & State					6. Election Campaign Financing	П		May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country	\vdash	Zip		untry			This corporation owes the curre	ent year Inta		t-2
24	25	29	w.e	30	,			Personal Property Tax.		∐Yes	∭No
	9. Name and Address of Curren	nt Regist	ered Agent		100		1	0. Name and Address of New R	egistered /	Agent	
0011	LADO NIDIA E				81	Name					
	LADO, NIDIA E				82	Street A	Address	(P.O. Box Number is Not Accepta	ble)		
	SOUTH WEST 47TH AVENUE								<u> </u>		
HOLI	LYWOOD FL 33023				83						
	·				84	0:4				oc Zin	Code
					04	City			FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Stati	utes, the a	above	e-named o	corporat	ion submits this statement for the	purpose of	changing it	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	a. Such change was	authorize	d by	the corpo	oration's	board of directors. I hereby accept	t the appoir	ntment as n	egistered '
ayeni. rai	ili lamillar witti, and accept the obliga	AUOHO UI,	3600001 007.0303, 11	ioi ioa ota	iuico.						
						•					
SIGNATURE	Signature, typed or printed name of registered ager						equired whe	n reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age: OFFICERS AN	nt and title if	applicable. (NO1		d Agen		equired whe	in reinstating) ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
	Signature, typed or printed name of registered age: OFFICERS AN	nt and title if	applicable. (NO1	TE: Registere	d Agen		equired whe			D DIRECT	
12.	OFFICERS AN	nt and title if	applicable. (NOT	TE: Registere 13.	d Agen		equired whe				
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12. TITLE NAME STREET ADDRESS	OFFICERS AN D COLLADO, NIDIA E 3920 SOUTH WEST 47TH AVE	int and title if	applicable. (NOT	TE: Registere 13. 1.1 T 1.2 N 1.3 S	d Ageni	it signature re	equired whe				
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90128 016 ***158.75