PROFII CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State 05-07-1999 90072 005 \*\*\*150.00

DOCUMENT # P98000048457  1. Corporation Name DIGITAL IMAGES MANUFACTURING, INC.								
Principal Place	e of Business	Mailing Address				-) 1 18515001 119 18181 18111 0511 05114 68114 8811	) BYMBS IMHA BY	BI BIHLIBUIND
· '	West 7th Avenue	13741 NORTHWEST 7TH A	)					
MIAMI FL 3316		MIAMI FL 33168				DO NOT WRITE IN THIS	COACE	
		•				3. Date incorporated or Qualifed	STACE	
						06/01/1998		
2. Principal Pl	lace of Business	2a, Mailing Address				4. FE Number	I	pptied For
21		26				65-0921287	N	ot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
22	27					5. Oct. 100 to 1	Fee R	equired
City & State	y & State City & State					6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip Country  25 29 30				8. This corporation owes the current year Intengible Personal Property Tax.			
	9. Name and Address of Current	<del>-                                    </del>				10. Name and Address of New Registered	Agent	
	-04 448/50		}	81 Name	Ŧ	Benson Charles		
	ERILAWYER ALMERIA AVENUE		ł	82 Stree		ss (P.O. Box Number is Not Acceptable)		
	RAL GABLES FL 33134		<u> </u>		<u> 3</u>	720 NW. 169 Tem	سو	
	THE CHIPTED I C 00 104		}	83				
				B4 City	77	OIAMI FL	_       ろ-	Code 3035
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with end accept the obligation	and 607.1508, Florida Statute of Florida, Such change was au igns of, Section 607.0505, Flori	s, the ab thorized ida Statu	by the cor	d corpo poration	ration submits this statement for the purpose on a board of directors. I hereby accept the appo	changing its intraent as n	s registered egistered
						Œ / /E /		
SIGNATURE	Khanl						99_	
· · · · · · · · · · · · · · · · · · ·	Signature, typics or printed name of registated agent	and title if applicable. (NOTE:	Registered /			when reinstating) DATE	//_	
SIGNATURE 12.	Signature, typics or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:		Agent signatur			//_	
12.	Signature, typica or brinsed name of registered agent OFFICERS AND PSTD	and title if applicable. (NOTE:  DIRECTORS	Registered /	Aport signatur		when reinstating) DATE	D DIRECTO	ORS IN 12
12.	Signature, typics or printed name of registered agent OFFICERS AND	and the Papplicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NA	Aport signatur	required	when reinstating) DATE	D DIRECTO	ORS IN 12
12. TITLE NAME	Signature, typics or brinsed name of registated agent OFFICERS AND PSTD CHARLES, BENSON	and the Papplicable. (NOTE: D DIRECTORS	13. 1.1 TITL 12 NAI 1.3 STR	Agent signifikan LE ME	required	when reinstating) DATE	ND DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typics of briesed name of registered agent OFFICERS AND PSTD CHARLES, BENSON 13741 NORTHWEST 7TH AVEN	and the Papplicable. (NOTE: D DIRECTORS	13. 1.1 TITL 12 NAI 1.3 STR	Agent signatur LE ME REET ADDRES Y-ST-ZIP	required	when reinstating) DATE	D DIRECTO	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typics of briesed name of registered agent OFFICERS AND PSTD CHARLES, BENSON 13741 NORTHWEST 7TH AVEN	and the if applicable. (NOTE: D DIRECTORS  OBLETE	13. 1.1 TITL 12 NAM 1.3 STE 1.4 CIT	Agent signifian  LE  ME  REET ADDRES  Y-ST-ZIP  LE	required	when reinstating) DATE	ND DIRECTO	DRS IN 12
12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typics of briesed name of registered agent OFFICERS AND PSTD CHARLES, BENSON 13741 NORTHWEST 7TH AVEN	and the if applicable. (NOTE: D DIRECTORS  OBLETE	13. 1.1 TTT 12 NAA 1.3 STF 1.4 CTT 2.1 TTT 2.2 NAA 2.3 STF	Apovit signaturi LE ME REET ADDRES Y-ST-ZIP LE ME REET ADDRES	s required	when reinstating) DATE	ND DIRECTO	DRS IN 12
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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 appropriate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appropriate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appropriate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appropriate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appropriate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appropriate the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607.

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