

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S12563 (0)
1. Corporation Name
INFINITE IMAGING SOLUTIONS, INC.

95 SEP 16 PM 1:09

Principal Place of Business: 1036 S.W. 1st St. Miami, FL 33130 US
Mailing Address: 1036 S.W. 1st Street Miami, FL 33130

3. Date Incorporated or Qualified: 11/08/1990
3a. Date of Last Report: 08/18/1995

2. Principal Place of Business: 21 21225 Escondido Way N 26 21225 Escondido Way N

4. FLI Number: 65-0284408
Application Fee: \$8.75 Additional Fee Required

22. City & State: Boca Raton, FL 27. Boca Raton, FL

5. Certificate of Status Desired: \$5.00 May Be Added to Fees

23. Zip: 33433 25. Country: US 29. 33433 30. US

6. Election Campaign Financing: Trust Fund Contributor:

24. 33433 25. US 29. 33433 30. US

8. This corporation has liability for anti-bribe tax under section 1903 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Florida Annual Report Service/Cantera
1036 S.W. 1st Street
Miami, FL 33130

81. Name: Manuel Dreyfus
82. Street Address (P.O. Box Number is Not Acceptable): 21225 Escondido Way N.
83.
84. City: Boca Raton FL 85. 33433

11. Pursuant to the provisions of Section 602.0502 and 602.0507, 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 attest the department's registered agent I am familiar with and accept the provisions of section 602.0508, Florida Statutes.

SIGNATURE: *Manuel E. Dreyfus*

9-9-96

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE: PSD	<input type="checkbox"/> DELETE
NAME: Dreyfus, Manuel	
STREET ADDRESS: 21225 Escondido Way N	
CITY, STATE, ZIP: Boca Raton, FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	

TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	
STREET ADDRESS: 21225 Escondido Way N.	
CITY, STATE, ZIP: Boca Raton, FL 33433-2522	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	

OR 9-27

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-10/01/96--01177--004
****225.00 ****225.00

14. I, the undersigned, certify that the information supplied in this report is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: *Manuel E. Dreyfus*

4/25/96

954-493-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)