FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:06

DOCUMENT # **S71122** **(3)**

1. Corporation Name
BUSINESS IMAGING TECHNOLOGY, INC.

Principal Place of Business
11400 N. KENDALL DR.
SUITE 214
MIAMI FL 33176

Mailing Address
11400 N. KENDALL DR.
SUITE 214
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1991
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business
21 10651 N. KENDALL DRIVE
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 MIAMI FL
Zip 24 33176 Country 25

2a. Mailing Address
26 10651 N. KENDALL DRIVE
Suite, Apt. #, etc.
27 SUITE 200
City & State
28 MIAMI FL
Zip 29 33176 Country 30

4. FEI Number: 65-0284482 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Florida Counties Corporation Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under Section 607.0901, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHAFFEL, NEIL
11400 N KENDALL DR.
SUITE 214
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10651 N. KENDALL DRIVE
83 SUITE 200
84 City: MIAMI FL 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHAFFEL, NEIL
STREET ADDRESS	11400 N KENDALL DR #214
CITY ST ZIP	MIAMI FL
TITLE	DS
NAME	SCHAFFEL, NANCY
STREET ADDRESS	11400 N KENDALL DR #214
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	☒ Change ☐ Add
1. NAME	
1. STREET ADDRESS	10651 N. KENDALL DRIVE #200
1. CITY ST ZIP	MIAMI FL 33176
2. TITLE	☒ Change ☐ Add
2. NAME	
2. STREET ADDRESS	10651 N. KENDALL DRIVE #200
2. CITY ST ZIP	MIAMI FL 33176
3. TITLE	☐ Change ☐ Add
3. NAME	
3. STREET ADDRESS	
3. CITY ST ZIP	
4. TITLE	☐ Change ☐ Add
4. NAME	
4. STREET ADDRESS	
4. CITY ST ZIP	
5. TITLE	☐ Change ☐ Add
5. NAME	
5. STREET ADDRESS	
5. CITY ST ZIP	
6. TITLE	☐ Change ☐ Add
6. NAME	
6. STREET ADDRESS	
6. CITY ST ZIP	

14. I hereby certify that the information supplied with this filing, and amount of fees enclosed, has been paid, is true and accurate. I further certify that this information indicated on this annual report or supplemental annual report, if applicable, is in proper form to be filed in accordance with Chapter 607, Florida Statutes, and that, 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 the name appears in Block 12 or Block 13 if changed, or is added herein with an address.

SIGNATURE: Neil Schaffel President 2/21/95 305 271-6500

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Neil Schaffel

0103612 CP