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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # **V63948**
1. Corporation Name

Nu Yu Image Enhancement Corp.

Principal Place of Business Mailing Address

**1441 N.W. 175 Terrance
Miami FL. 33169**

3. Date Incorporated or Qualified **9/14/1992** 3a. Date of Last Report **8/09/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0361592		Applied For ☐ Not Applicable	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24	Country	29	Zip				

8. Name and Address of Current Registered Agent

**Bass, Constance
1441 N.W. 175 TH Terrance
Miami FL. 33169**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607 (602 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 fee if applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	Bass, Constance	1.2 NAME	900002280499--2
STREET ADDRESS	1441 N.W. 175 Terr.	1.3 STREET ADDRESS	-08/28/97--01130--008
CITY-ST-ZIP	Miami FL. 33169	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	Johnson, Rosetta	2.2 NAME	
STREET ADDRESS	1441 N.W. 175 Terr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL. 33169	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	Johnson, James	3.2 NAME	
STREET ADDRESS	1441 N.W. 175 Terrance	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL. 33169	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed: #

CR2E034 (9/96)