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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000023650**

PHOTOGRAPHY BY LUIS, INC.

Principal Place of Business	Mailing Address
321 SW 30 AVE	321 SW 30 AVE
MIAMI FL 33135-2711	MIAM! FL 33135-2711

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90007 025 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/23/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0480848 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Zip □No Personal Property Tax. 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GONZALEZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 321 SW 30 AVE $\overline{\chi_{i}^{i}}(\overline{x^{i}}$ MIAMI FL 33135-2711 83 Zip Code 85 City 11. Pursuant to the provisions of Sections 607.0502 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 title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 11 TITLE TITLE 1.2 NAME **GONZALEZ, LUIS** NAME 321 SW 30 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33135-2711 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME GONZALEZ, MILAGROS C NAME 2.3 STREET ADDRESS 321 SW 30 AVE STREET ADDRESS MIAMI FL 33135-2711 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change . Addition DELETE 51 TM F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 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.

URE AND TY OD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)