

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V28538** (9)

1. Corporation Name
WAX PHOTOGRAPHICS, INC.



Principal Place of Business

350 LINCOLN ROAD
STE. #510
MIAMI BEACH FL 33139
US

Mailing Address

350 LINCOLN RD., #510
MIAMI BEACH FL 33139
US

2. Principal Place of Business

2a. Mailing Address

State: App. No.

State: App. No.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

WAX, WILLIAM E.
350 LINCOLN RD., #510
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 04/14/1992	3a. Date of Last Report 08/11/1995
4. FEI Number 65-0326495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0607 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

DATE REGISTERED

DATE

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. STREET ADDRESS	
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13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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95. STREET ADDRESS	
96. CITY-STATE-ZIP	
97. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
98. NAME	
99. STREET ADDRESS	
100. CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation. 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 of this annual report with an address.

SIGNATURE:

See Wax
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 (305) 671-9512

CR2E034 (12/95)