## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 11 1997 8:00am

Secretary of State

266-0149

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 387246

(2)

J. MENDEZ PHOTO STUDIO, INC.

appears in Block 12 or Block 13 if changed, or

Principal Place	e of Business	Mailing Address				- I AMENDA SENDE IMSEN FAMAN INDER UNDER MINNE MENNE MENNE MENNE MENNE MENNE MENNE MENNE			
6058 SW 8TH STREET		6058 SW 8TH STREET							
MIAMI FL 3314	4	MIAMI FL 33144-5003							
						3. Date Incorporated or Qualified 08/20/1971		te of Last F 30/1996	leport
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number         Applied For           59-1370536         Not Applicable			<u> </u>	
Suite, Apt	#. Ofc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi				
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country Z(p			untry		8. This corporation has liability for i	ntangible		
24	25	29	30			Florida Statutes	Yes [	No	
	9, Name and Address of Curre	nt Registered Agent		ļ.,,	,	10. Name and Address of New Re	gistered /	Agent	
	IDEZ, JOSE A.			81	Name				
	3 SW 8TH STREET MI FL 33144				Street Add	ddress (P.O. Box Number is Not Acceptable)			
				83	,				<del></del>
				84	City		FL	85 Zip	Code
11. Pursuant office or r agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the obliq	02 and 607 1508, Florida Statue of Florida. Such change was gations of, Section 607.0505, F	utes, the a s authorize Florida Sta	bove d by tutes	e-named corp the corpora 3.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of of the app	changing ointment as	its registered registered
SIGNATURE	Signature, type dipriprofiled name of registered as	gers and the it applicable (NC	OTE Angisten	ed Age	ent signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	
TIME	PD	DELETE	1,1 7	ITLE				Change	Addition
NAME	MENDEZ, JOSE R.		1.2 N	IAME					
STREET ADORESS	6058 SW 8TH STREET		1.3 9	TREET	ADDRESS				
CITY- \$1-2IF	MIAMI FL	Liberte		HTY-S	T - ZIP			T 1 (0)	T Lagran
3(1) (	LICAIDES MADIEME	☐ DELETE	2.11					Change	Addition
NAME:	MENDEZ, MARLENE			IAME					
STREET ADDRESS	6058 SW 8TH STREET				ADORESS				
CHTY-ST-ZIP				2. 4 CITY - ST - ZIP				☐ Change	Addition
TATLE	LI DELETE			3.1 TITLE 3.2 NAME				Change	TT VOGILION
NAME:									
STREET ADDRESS					ADDRESS				
CHY-SI-ZIP TIBLE		DELETE		CHY-:	ST-ZIP			Change	Addition
NAME				NAME					
STHEET ADDRESS					ADDRESS				
1					ST-ZIP				
CITY-S1-ZIP TITLE			ntle	71 ER	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME			•	VAME				<b>y</b> -	
STREET ADDRESS					ADDRESS				
CITY ST-ZIP					į.				
TITLE	A. A			54 CITY-ST-ZIP 61 TITLE			***************************************	Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS	•			
2 100 1 2000 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					]				

14. To 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