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

May 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 507938 (9)HIALEAH LAKES PHOTO CENTER, INC. Principal Place of Business Mailing Address 401 BISCAYNE BLVD 401 BISCAYNE BLVD DO NOT WRITE IN THIS SPACE MIAMI FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualified 07/27/1976 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1699082 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ALE TANDRO FERNANDE 2
Street Address (P.O. Box Number is Not Acceptable) FERNANDEZ. ALEJANDRO 401 BISCAYNE BLVD, SUITE S-130 MIAMI FL 33132 83 84 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 famplar byth, and accept the obligations of, Section 607.0505, Florida Statutes. 101198 SIGNATURE od or printed name of regulared agent and title it applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE MCAULIFFE, ZAVIER NAME 1.2 NAME CLIEVERAGH IND EST STREET ADDRESS 1.3 STREET ADDRESS LISTOWEL CO CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. DITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ■ DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 supplied with this tiling 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 supplied with this 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

SIGNATURE:

FILED