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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

666190 DOCUMENT #

(4)

1. Corporation Name WORLD WIDE PHOTO INDUSTRIES, INC. Principal Place of Business Mailing Address 5040 BISCAYNE BLVD. MIAMI FL 33137-3218 MIAMI FL 33137-3218					
US		US		3. Date Incorporated or Qualified 04/14/1980	3a. Date of Last Report 03/13/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #. etc.		Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	7φ) 29	Gountry 30		s □ N o
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
M IAMI FI	r Flaflen St Suite 702 L 33130		83 84 City	ress (P.O. Box Number is Not Accepta ration submits this statement for the pure of directors. Thereby accept the app	FL 85 Zip Code
SIGNATURE:	P	CO DIRECTORS	13.	ADDITIONS/CHANGES TO OF	DISTE FICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	GONZALEZ, TOMAS 17125 S.W. 80TH COURT MIAMI, FL 00000		1.3 STREET ADDRESS 1.4 C/TY ST-2IP		
CITY - ST - ZIP TITLE NAME STREET ADDRESS	VT GONZALEZ, MIREILLE 17125 S.W. 80TH COURT	[] DEFELE	2 + TITLE 2 2 NAME 2 3 STREET ADOPTSS		☐ Change ☐ Addilion
CITY - ST - ZIP TITLE	MIAMI, FL 00000 VD SULTAN, ALBERT	DELETE	2.4 C/TY - ST ZIP - 3.3 TIPLE - 3.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY+ST-ZIP	4215 LAKE ROAD MIAMI, FL 00000		3.3. STHEFT ADDRESS 3.4 City - St - Zip		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ DEFELE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY - ST- ZIP		Collarge C Account
CITY ST-ZIP TITLE NAME STHEFT ADDRESS		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS		DELETE	5 4 CHY - ST- ZIP 6 1 TITLE 6 2 NAME 6 3 STHEET ADDRESS		Change Addition
CHTY - ST - ZIP			6.4 C(TY - \$1 - 2)P	(the security stated in Section 1	19 07(3./k). Florida Statutes I further

14. Ido 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,ik). 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 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 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 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 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 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 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 certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the exemption stated in the same legal effect as if made under certify that the exemption is true and accurate and that my signature shall have the same legal effect as if made under certify that the exemption is true and accurate and that my signature shall have the same legal effect as if made under certificities and accurate and the same legal effect as if my signature shall have the Tel. 16.46

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR