20 UN	003 FOR PROF	FILED Apr 18, 2003 8:00 am Secretary of State				
1. Entity Nan	MENT # 66619			Secretary of State 04-18-2003 90223 037 ***150.00		
Principal Place of Business 5040 BISCAYNE BLVD. MIAMI FL 33137-3218 US		Mailing Address 5040 BISCAYNE BLVD. MIAMI FL 33137-3218 US				
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number APPLIED FOR Applied For 39- 20147144 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired		
·		Registered Agent				
duhig, Ji 25 West Miami Fl	FLAFLEN ST SUITE 702		Street Address	(P.O. Box Number is Not Acceptable)		
			, City	FL Zip Code		
	named entity submits this statement fo	r the purpose of changing it	ts registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE						
<u> </u>	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent signature require	ad when reinstating) DATE		
👌 Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	State		 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 		
10.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	GONZALEZ, MIREILLE 280 BAL BAY DR BAL HARBOUR FL 33154		NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS	Change 🗌 Addition		
		Delete	CITY-ST-ZIP	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 📋 Addition.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - 21P	Change Addition		
of the cor	poration or the receiver or trustee empo- or on an attachment with an address, to	wered to execute this report with all other like empowered	t as required by Chapter 60	ection 119.07(3)(i), Florida Statules. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if k2. Dete		

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	6190)	del + + + + state			0219533	
VORLD WIDE PHOTO INDUS	TRIES, INC.		Deporment	07 200		AV
			d 150 00			
ONO BISCAYNE BLVD. JIAMI FL 33137-3218 JS	Mis ing Address 5040 BISCAYNE BLVD. WIAMI FL 33137-3218 US		Deportment of State \$ 150.00 10077615			
· ·						
2. Principal Place of Business	3. Meeng Address					
Suite, Apt. #, etc.			DO NOT WRITE IN TI	HIS SPACE		9-1 UMP
City & State	:, & State		4. FEI Number 59-2014714		Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required		dditional	-
6. Name and Address of	Current Registered Agent		7 Name and Address of New Register	i	· · · · · · · · · · · · · · · · · · ·	
DUHIG, JOHN H.		Name Stroot Addres	e (P.O. Box Number is Not Acceptable)			
25 WEST FLAFLEN ST SUITE 702		Sileet Adults	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33130		City	FL Zip Code			
	terrent for the compose of changing	its registered office or regis	gistered office or registered agent, or both, in the State of Florida.			
·····, ····						1.77
SIGNATURE	ine in territe cable. (N	OTE: Registered Agent signature requi	red when (einstalung) DA	TE		
 This corporation is eligible to satisfy its t Tax tilling requirement and elects to do a (See criteria on back) 		VIII EEE IS \$150.00 2002 Fee will be \$550.00 able to Department of \$	A3-44 A4465	Adde Adde	00 May Be ed to Fees	
11. DEFICE NILE VT		12. 19LE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		6
GONZALEZ, MIREILLE STREET ADDRESS CITY-ST-ZIP BAL HARBOUR FL 33154		HAME SIPEET ADDHESS CIT /- ST-ZIP				E034 (9,
TITLE AME	. Delete	NILE NAME	;	Change	Addition	CR2
STREET ADDRESS		STEET ADDRESS CITE-ST-ZIP				
HITLE	Delete	NAME STREET ADDRESS		Change	<u></u> <u>A</u> ddition	
CHY-SI-ZIP CHLE NAME	Delete	Caller ES-ZiP TITLE 1044/18		Change	Addition	-
STREET ADDRESS (HY-SI-ZIP) HTLE	Delete	819551400R505 0.1 6140R 11		Change	Addition	_
		1.41/5 ST4660 ADDRESS 0.01 - 07-01P				
471E - 14ME 1747EE3 - 1742 JS	Die okt2	8 1 C 1 4 1 1 1 -	14-02)	Change	Addition	
13. Cherter - Lendry that the information sup- analisation cals report or supplemental	i report is true and accurate and that stee empowered to execute this report to execute	at my signature shall have th ort as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further e same legal effect as if made under oath; th i07, Florida Statutes; and that my name appea	at i am an office	ar or curector	