SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 676552

(3)

Mailing Address

PYRAMID PHOTOGRAPHICS, INC.

## FILED Jul 30 1998 8:00am Secretary of State

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4105 LAGUNA ST C/O GERALD TAKSIER CORAL GABLES FL 33146 US			C/6 CO	4105 LAGUNA ST C/O GERALD TAKSIER CORAL GABLES FL 33146 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/15/1980		
2. Principal Place of Business 21				2a. Mailing Address				4. FE! Number Applied For 59-2007170 Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State			28	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip 24		Country 5	29	<b>Z</b> ip	30 Cou	intry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
		nd Address of Cu	rrent Regis	tered Agent				10. Name and Address of New Registered Agent		
	sier, <b>G</b> eral					81	Name	me		
4105 LAGUNA ST Coral Gables Fl 33146						82	Stree	reet Address (P.O. Box Number is Not Acceptable)		
						83				
						84	City	y FL 85 Zip Code		
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 familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE										
12.	organization, typod or	OFFICERS			13.	160 70	fleur siñis	gnature required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	011102110	THE DITE.	DELETE	1.1 TI	TLF				
NAME	TAKSIER, C	SERALD		₩ DECE IE	1.2 NA			☐ Change ☐ Addition		
STREET ADDRESS	ONAL C.W. 400TH TEDD				ADDRESS	Fee				
CITY-ST-ZIP	MIAMI FL				1.4 Cf					
TITLE				DELETE	2.1 717			Change Addition		
NAME				2.2 NA						
STREET ADDRESS	ETADDRESS			2.3 ST	2.3 STREET ADDRESS		ESS			
CITY-ST-ZIP	_				2.4 CI	TY-ST	-ZIP			
TITLE				3.1 TIT	LE		Change Addition			
NAME					3.2 NA	ME				
STREET ADDRESS	3.3 \$				3.3 \$T	REET	ADDRESS	:ss		
CITY-ST-ZIP		3.4 C				TY-ST	ZIP			
TITLE		DELETE 411		4.1 711	LE		Change Addition			
NAME	4.21		4.2 NA	ME						
STREET ADDRESS					4.3 STI	REET.	address	:SS		
CiTY-ST-ZiP					4.4 CIT		ZIP			
TITLE				DELETE		5.1 TITLE				
NAME			1	5.2 NAME		-08/03/9801111019				
STREET ADDRESS							ADDRESS	***150.00		
CITY-ST-ZIP			<u> </u>		5.4 CIT		ZIP			
TITLE				DELETE	6.1 TIT			Change Addition		
NAME	J.				6.2 NA			30		
STREET ADDRESS		,				_	ADDRESS	\$\$		
CITY-ST-ZIP					6.4 CIT	YÆŤ.	ZIP			

14. Thereby certify that the information supplied with this filter does not dailify for the exemp fon 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 the and accurate any 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 receipt or true design powered to extrate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attagranent with an address.

1/2/98 305-446-2390

## TO WHOM IT MAY CONCERN - BGD

THIS IS TO INFORM YOU

THAT WE NEVER RECEIVED

OUR OBIGINAL MOTTFICATION. WE.

CALLED AND WE WEKE ADVISED

TO SEND THIS LETTEK MONLY

WITH OUR CHECK AND THE

LATE FEE WOULD BE WAIVED.

WE WEKE ALSO TOLD
THAT IT IS OUR RESPONSIBILITY
TO FILE ON TIME AND THAT
HAS BEEN NOTED.

THANK TOU