

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767872 (5)

1. Corporation Name

PHOTOGROUP/MIAMI, INC.



Principal Place of Business

Mailing Address

**130 MADEIRA AVENUE
CORAL GABLES FL 33134**

**130 MADEIRA AVENUE
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/08/1983

3a. Date of Last Report
04/28/1995

4. FEI Number
59-2416271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**THEIMER, JOHN
10625-D SW 113TH PLACE
MIAMI FL 33186**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GROB, DIANE SMALLEN**
STREET ADDRESS **355 RIDGEWOOD RD.**
CITY-ST-ZIP **KEY BISCAVNE FL**

TITLE **VD** ☐ DELETE
NAME **RUSSELL, SERETA**
STREET ADDRESS **15201 S.W. 216TH STREET**
CITY-ST-ZIP **GOULDS FL**

TITLE **TD** ☐ DELETE
NAME **THEIMER, JOHN**
STREET ADDRESS **10675 S.W. 112TH AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE
NAME **SAMIMY, YASMINE**
STREET ADDRESS **7000 MIRA FLORES AVE.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VD** ☐ DELETE
NAME **GLASSER, JEFF**
STREET ADDRESS **17 SAN IGNANCIO**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE
NAME **PROCKO-STEVE Ronald E Herzog**
STREET ADDRESS **5200 HAWKINS BLUFF AVE. 3**
CITY-ST-ZIP **DAVIE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **10625-D SW 113TH PLACE**
3.4 CITY-ST-ZIP **MIAMI FL 33186**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Ronald E Herzog**
6.3 STREET ADDRESS **300 Sevilla #215**
6.4 CITY-ST-ZIP **Coral Gables FL 33134**

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald E Herzog
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD E HERZOG

4/21/96 305-445-7986
Date Daytime Phone *

CR2E037 (12/95)