

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767872

1. Corporation Name

PHOTOGROUP/MIAMI, INC.

Principal Place of Business

130 MADEIRA AVENUE
CORAL GABLES FL 33134

Mailing Address

130 MADEIRA AVENUE
CORAL GABLES FL 33134

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90020 040 ****61.25

FL31-981



2. Principal Place of Business

4031 Laguna Street

Suite, Apt. #, etc.

22

2a. Mailing Address

4031 Laguna Street

Suite, Apt. #, etc.

27

City & State

Coral Gables FL

Zip

33146 USA

28. City & State

Coral Gables FL

Country

USA

29. Zip

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporation or Qualification

04/08/1983

4. FEI Number

59-2416271

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Trust Fund Contribution

10. Name and Address of New Registered Agent

81. Name

FL 85 Zip Code

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

83.

84. City

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROB, DIANE SMALLEN		1.2 NAME	
STREET ADDRESS	355 RIDGEWOOD RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, SERETA		2.2 NAME	
STREET ADDRESS	15201 S.W. 216TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL		2.4 CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEIMER, JOHN		3.2 NAME	
STREET ADDRESS	10625 D SW 113TH PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMIMY, YASMINE		4.2 NAME	
STREET ADDRESS	7000 MIRA FLORES AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSER, JEFF		5.2 NAME	
STREET ADDRESS	17 SAN IGNACIO		5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERZOG, RONALD		6.2 NAME	
STREET ADDRESS	300 SEVILLA #215		6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		6.4 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 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, with all other like empowered.

SIGNATURE:

RONALD HERZOG REQUIRED RE HERZOG 4/22/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)