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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90020 040 ****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



2. Principal Place of Business

21 4031 Laguna Street

Suite, Apt. #, etc.

22 City & State

23 Coral Gables FL

24 Zip 33146 25 Country USA

2a. Mailing Address

26 4031 Laguna Street

Suite, Apt. #, etc.

27 City & State

28 Coral Gables FL

29 Zip 33146 30 Country USA

3. Date Incorporated or Qualified

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 VD ☐ DELETE

NAME GROB, DIANE SMALLEN

STREET ADDRESS 355 RIDGEWOOD RD.

CITY-ST-ZIP KEY BISCAVNE FL

TITLE PD ☐ DELETE

NAME RUSSELL, SERETA

STREET ADDRESS 15201 S.W. 216TH STREET

CITY-ST-ZIP GOULDS FL

TITLE TD ☐ DELETE

NAME THEIMER, JOHN

STREET ADDRESS 10625 D SW 113TH PLACE

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 HERZOG, RONALD

STREET ADDRESS 300 SEVILLA #215

CITY-ST-ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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

3.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED RE HERZOG

Date

Daytime Phone #

CR2E037 (1/98)