

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F92000000442

1. Corporation Name

KODAK CENTRAL AMERICAN AND CARIBBEAN EXPORT OPER
ATION LTD., INCORPORATED

Principal Place of Business

6100 BLUE LAGOON DR
MIAMI FL 33126
US

Mailing Address

ATTN: CORPORATE TAX DEPT.
343 STATE STREET
ROCHESTER NY 14650-0904
US

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90188 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1992

4. FEI Number

65-0253589

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE AS
NAME PEARLMAN, MICHAEL A.
STREET ADDRESS 343 STATE STREET
CITY-ST-ZIP ROCHESTER NY

TITLE AT
NAME POLLOCK, DAVID M.
STREET ADDRESS 343 STATE ST
CITY-ST-ZIP ROCHESTER NY

TITLE VS
NAME HAAG, JOYCE P.
STREET ADDRESS 343 STATE ST
CITY-ST-ZIP ROCHESTER NY

TITLE T
NAME CHEN, CESAR
STREET ADDRESS 6100 BLUE LAGOON DRIVE
CITY-ST-ZIP MIAMI FL

TITLE P
NAME KING, GEORGE M.
STREET ADDRESS 6100 BLUE LAGOON DRIVE
CITY-ST-ZIP MIAMI FL

TITLE
NAME SEIDENHAL, WALDIR
STREET ADDRESS 6100 BLUE LAGOON DR.
CITY-ST-ZIP MIAMI, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S
3.2 NAME HAAG, JOYCE P.
3.3 STREET ADDRESS 343 STATE ST.
3.4 CITY-ST-ZIP ROCHESTER, NY

4.1 TITLE T
4.2 NAME CABALLERO, ALBERTO
4.3 STREET ADDRESS 6100 BLUE LAGOON DR
4.4 CITY-ST-ZIP MIAMI, FL

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

6.1 TITLE V
6.2 NAME SEIDENHAL, WALDIR
6.3 STREET ADDRESS 6100 BLUE LAGOON DR.
6.4 CITY-ST-ZIP MIAMI, FL

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 607, 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:

David Pearlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(716) 724-2436

CR2E034 (1/198)