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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

(96/6)

305-673-3616

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H91648**

(6)

PHOTO ADVERTISING INDUSTRIES INC.

Principal Place of Business Mailing Address C/O RICHARD DRONSKY 262-S COCONUT LANE 262 S COCONUT LN MAIMI BEACH FL 33139-5164 MIAMI BEACH FL 33139 3a. Date of Last Report 3. Date Incorporated or Qualified 12/26/1985 05/01/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 59-2617373 21 26 Not Applicable Suite, Apt. #, etc. Surle, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intengible tax under s. 199.032, 24 25 29 Yes 🗌 No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DRONSKY, RICHARD L 262 S COCONUT LANE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 84 City 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 Fiorida. 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 Stgriature, typical or printed reams of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THE 1.1 TITLE Change Addition DRONSKY, RICHARD L. NAME 1.2 NAME 262 \$ COCONUT LN STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL City-St-ZiP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change 31 TITLE Addition NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIF 34. CITY - ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE THUE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE THILE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 consoration 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 argumentation with an address.

OF SIGNING OFFICER OR DIRECTOR