

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

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **J45365** (0)  
1. Corporation Name  
**PHOTO DISCOUNTERS III, INC.**



Principal Place of Business  
**401 BISCAYNE BLVD.  
SUITE S-130  
MIAMI FL 33132  
US**

Mailing Address  
**401 BISCAYNE BLVD.  
SUITE S-130  
MIAMI FL 33132-1984  
US**

3. Date Incorporated or Qualified  
**11/25/1986**

3a. Date of Last Report  
**04/23/1996**

2. Principal Place of Business  
21 State, Apt #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
**59-2758648**

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

9. Name and Address of Current Registered Agent

**ALEJANDRO, FERNANDEZ  
401 BISCAYNE BLVD.  
SUITE S-130  
MIAMI FL 33132**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS     | CITY - ST - ZIP     | <input type="checkbox"/> DELETE |
|-------|-------------------|--------------------|---------------------|---------------------------------|
| PD    | MCAULIFFE, XAVIER | CLUEVERAGH IND EST | LISTOWEL, CO. KERRY | <input type="checkbox"/>        |
|       |                   |                    |                     | <input type="checkbox"/>        |
|       |                   |                    |                     | <input type="checkbox"/>        |
|       |                   |                    |                     | <input type="checkbox"/>        |
|       |                   |                    |                     | <input type="checkbox"/>        |
|       |                   |                    |                     | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 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.

SIGNATURE: *Neil* **NEIL CAER A.C.A. AUTHORIZED SIGNATURES**  
DATE: **2/9/97**  
DAYTIME PHONE: **305-377-3686**

CR2E034 (9/96)