FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K15655 (9)

1. Corporation Name
TRUE PHOTO, INC.

Principal Place of Business	Mailing Address
~~7900 NW 69TH AVE~~ ~~MEDLEY FL 33166-9502~~	7900 NW 69TH AVE MEDLEY FL 33166-9502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1988	3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0032750	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21: 8749 S.W. 40 ST.	26:
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Miami FL	City & State 28:
Zip 24: 33155 County 25: DADE	Zip 29: County 30:

9. Name and Address of Current Registered Agent

CLAVIJO, EDUARDO
7500 NW 69TH AVE
MEDLEY FL 33166-9502

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1 1 TITLE	☐ Change ☐ Addition
NAME	GOMALEZ, PRISCILA	1 2 NAME	
STREET ADDRESS	8350 N.W. 167 TERR.	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	
TITLE	T	2 1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, REYNALDO	2 2 NAME	
STREET ADDRESS	8101 NW 166 ST.	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	
TITLE	P	3 1 TITLE	☐ Change ☐ Addition
NAME	CLAVIJO, EDUARDO	3 2 NAME	
STREET ADDRESS	3541 FLAMINGO DR.	3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3 4 CITY-ST-ZIP	
TITLE	SD	4 1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JUAN C.	4 2 NAME	
STREET ADDRESS	7115 N. AUGUSTA DR.	4 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4 4 CITY-ST-ZIP	
TITLE	VP	5 1 TITLE	☐ Change ☐ Addition
NAME	DIAZ, ENRIQUE J.	5 2 NAME	
STREET ADDRESS	10341 S.W. 37 ST.	5 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: E Clavijo EDUARDO A. CLAVIJO (Pres.) 3/2/95 885-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180981 CP