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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K15655

(9)

TRUE PHOTO, INC.

**FILED** Feb 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						L INDIANI AND LICEN DIVID BUILD BUILD BUILD	1811 81816 61611 616	)
5749 S.W. 40	ST.	7500 NW 69TH AVE	7500 NW 69TH AVE			}		
MIAMI FL 331	155	MEDLEY FL 33166-9502		DO NOT WRITE IN THI	e edace			
US					3. Date Incorporated or Qualified	3 SFACE		
						02/22/1988	•	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	- Ai	pplied For
21		26				65-0032750	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				b. Certificate of Statos Desired	Fee Re	equired
l City & State	е	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added	to Fees		
Zip	Country	Ζφ	Cour			8. This corporation owes or has paid the o		
24	[25]	29	30	,		Personal Property Tax due June 30.		No No
	9. Name and Address of Currer	nt Hegistered Agent		81	Name	10. Name and Address of New Registers	a Agent	
	AVIJO, EDUARDO			"	Name			[
I .	DO NW 69TH AVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
ME	DLEY FL 33166-9502			83				
				$\Box$	<u> </u>		121 50	200
				84	City	F	L  85   Zip	Code
11. Pursuant to the provisions of Soctions 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 profiled name of registered agent and little if applicable (NOTE Registered Agent agent are profiled in the prof								
12.	Signature, typed or printed name of registered agr OFFICERS AN	D DIRECTORS	13.	o Agen	n signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		2S IN 12
TITLE	S			1.1 TITLE			Change	Addition
NAME	GONZALEZ, DRISCKA			1.2 NAME			_ •	_
STREET ADDRESS	8350 N.W. 167 TERR.			1.3 STREET ADDRESS				1.
CITY-ST-ZIP	MIAMI FL		- 1	14 CITY-ST-ZIP				\ <u>`</u>
TITLE	Ī			ITLE	-	- Committee - Comm	Change	Addition
NAME	GONZALEZ, REYNALDO		2.2 N	2.2 NAME			_ •	
STREET ADDRESS	8101 NW 166 ST.			2.3 STREET ADDRESS				l
CITY-ST-ZIP	MIAMI FL			2. 4 CITY - ST - ZIP				
TITLE	P			3.1 TITLE			Change	☐ Addition
NAME	CLAVIJO, EDUARDO			3.2 NAME			•	1
STREET ADDRESS	ATTA PLANTINGS DO			3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL			3.4. CITY-ST-ZIP				
TITLE	VP DELETE			4.1 TITLE			☐ Change	Addition
NAME	DIAZ, ENRIQUE J.			4. 2 NAME			_ •	_
STREET ADDRESS	10341 S.W. 37 ST.				ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CI	ITY-ST	- ZIP			
TITLE		DELETE	5 1 TI				Change	Addition
NAME			5.2 N	AME				1
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-ST				}
TITLE		DELETE	6.1 T				Change	Addition
NAME .		/ 1	6.2 N	AME			_	
STREET ADDRESS	<i>I</i> 1				ADORESS			
CITY-ST-ZIP		1 /		ITY-ST	1			
	ertify that the information supplied w	ith this fling does not qualify f				Section 119 07(3)(i). Florida Statutes, Lfurther	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:** 

885-9710