

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90110 040 ***150.00

0240536

DOCUMENT # K15655

1. Corporation Name
TRUE PHOTO, INC.

Principal Place of Business

5749 S.W. 40 ST.
MIAMI FL 33155
US

Mailing Address

7500 NW 69TH AVE
MEDLEY FL 33166-9502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1988

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

81 Name ENRIQUE J. DIAZ

82 Street Address (P.O. Box Number is Not Acceptable)

83 7500 N.W. 69 AVE.

84 City MEDLEY

FL

85 Zip Code 33166

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME GONZALEZ, DRISCKA
STREET ADDRESS 8350 N.W. 167 TERR.
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE
NAME GONZALEZ, REYNALDO
STREET ADDRESS 8101 NW 166 ST.
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE
NAME CLAVIJO, EDUARDO
STREET ADDRESS 3541 FLAMINGO DR.
CITY-ST-ZIP MIAMI BEACH FL

TITLE VP ☐ DELETE
NAME DIAZ, ENRIQUE J.
STREET ADDRESS 10341 S.W. 37 ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

[Signature] EDUARDO A CLAVIJO

Date

Daytime Phone #

CR2E034 (11/98)