FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K58627 (6)

1. Corporate Name

VARONA FOTO CORP.

Principal Place of Business:
5521 NW 202 TERRACE #714
MIAMI FL 33055

Mailing Address:
5521 NW 202 TERRACE #714
MIAMI FL 33055

3. Date Incorporated or Qualified: 01/12/1989

3a. Date of Last Report: 01/31/1994

4. FEI Number: 65-0100417 — 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

2. Principal Office Address / 2a. Mailing Address

21		26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	25	29	30

8. This corporation [illegible] Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

VARONA, JOSE VALDES
5521 NW 202 TERR #714
OPA LOCKA FL 33055-1708

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. [illegible] 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VARONA, JOSE V.
STREET ADDRESS	1850 W 58TH ST, #6
CITY-ST-ZIP	HIALEAH FL
TITLE	SD
NAME	MORA, ESTHER
STREET ADDRESS	1850 W 58TH ST, #6
CITY-ST-ZIP	HIALEAH FL
TITLE	TD
NAME	VALDES, CARLOS M.
STREET ADDRESS	1850 W 58TH ST, #6
CITY-ST-ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition (six blank entries)

14. I [illegible] certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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: (signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 2-95 (305)621-8545

0102320 CP