

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L47280** (7)

1. Corporation Name

**ERICK PHOTO STUDIO, INC.**



Principal Place of Business

Mailing Address

**888 NW 27 AVE. STE. #4  
MIAMI FL 33125**

**888 NW 27 AVE. STE. #4  
MIAMI FL 33125**

2. Principal Place of Business

2a. Mailing Address

21 **13151 SW 21 ST**

26 **13151 SW 21 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
**MIAMI FL**

27 City & State  
**MIAMI FL**

24 Zip  
**33175**

25 Country  
**DADE**

29 Zip  
**33175**

30 Country  
**DADE**

3. Date Incorporated or Qualified  
**01/29/1990**

3a. Date of Last Report  
**04/04/1995**

4. FEI Number  
**65-0170757**

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

10. Name and Address of New Registered Agent

**MARTINEZ, EROTIDO  
888 NW 27 AVE.  
SUITE #4  
MIAMI FL 33125**

81 Name

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

**13151 SW 21 ST**

83

84 City  
**MIAMI**

85 Zip Code  
**FL 33175**

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, typed or printed name of registered agent and state of domicile

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DP  
MARTINEZ, EROTIDO  
888 NW 27 AVE. #4  
MIAMI FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DST  
GARRIGA, JUANA M.  
888 NW 27 AVE. #4  
MIAMI FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
**13151 SW 21 ST.  
MIAMI FL 33175** ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
**13151 SW 21 ST.  
MIAMI FL 33175** ☒ Change ☐ Addition

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

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

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

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

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)(k), 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: *Juana M. Garriga* **SECRETARY.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JUANA M. GARRIGA**

**2/28/96 (305) 541-8848**

CR2E034 (12/95)