

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

FILED

Jun 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L96448

1. Corporation Name

DECO PHOTO LAB INC.

Principal Place of Business

1238 WASHINGTON AVE.
MIAMI BEACH, FL 33139-4614

Mailing Address

2939 INDIAN CREEK DR #304
MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08-29-1990

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Country

4. FEI Number

65-0215213

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 or has paid the current year intangible
Personal Property Tax due June 30

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MARIA PRATS HAMILTON, P.A.
11890 TAMiami TR. SUITE #500
MIAMI, FL 33184

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. 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
agent 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 of agent or person named as registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. TITLE
21. NAME
22. STREET ADDRESS
23. CITY, ST, ZIP
24. TITLE
25. NAME
26. STREET ADDRESS
27. CITY, ST, ZIP
28. TITLE
29. NAME
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89. NAME
90. STREET ADDRESS
91. CITY, ST, ZIP
92. TITLE
93. NAME
94. STREET ADDRESS
95. CITY, ST, ZIP
96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY, ST, ZIP
100. TITLE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

100002571491

06/24/98-010036-020

***150.00

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
the report or supplemental report, or in an attachment with an address.

4.78.92