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

CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M01148 (9)

STOP, ONE HOUR PHOTO, INC.

Mailing Address

Mar	18	1998	8:00am				
Se	cret	tary o	f State				

EII ED



8150 SW 8TH ST. STORE 106 MIAM! FL 33144		8150 SW 8TH ST MIAMI FL 33144	8150 SW 8TH ST. STORE 106 MIAMI FL 33144			DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified 05/30/1984			
2. Principal Place	of Business	2a. Mailing Addre	SS			4. FEI Number	Applied For		
ה		26				59-2414383	Not Applicable		
Suite, Apt. #, e	tc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Z(p)	30 Co	untrÿ					
	, Name and Address of Cui	rrent Registered Agent		T		10. Name and Address of New Registered A	lgent /		
	ALEZ, MODESTO JR.			81	Name				
8150 3 NO. 1	s.w. 8th street 06			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
MAMI	FL 33144	Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip No No No Address of Current Registered Agent DESTO JR. STREET 81 Name Street Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code Sign Sign Sign Sign Sign Sign Sign Sign							
				84	City	FL	85 Zip Code		
						oration submits this statement for the purpose of			

agent. Lar	egistered agent, or both, in the State of Floridal Such chain in familiar with, and accept the obligations of, Section 607	.0505, Florida	a Statutes.	oration's doard of dir	есюв. г пегеру ассерт п	e appointment as	un Ĉizi el a O
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Re	gistered Agent signature	required when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS	CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
TITLE	•	ELETE	1.1 TITLE			Change	☐ Additio
NAME	GONZALEZ, MODESTO JR.		1.2 NAME				
STREET ADDRESS	8150 S.W. 8TH ST. #108		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	Í	1.4 CITY-ST-ZIP				
TITLE	DS 🗆 0	ELETE	2.1 TITLE			☐ Change	Additio
NAME	CRUZ, ESTRELLA		2.2 NAME				
STREET ADDRESS	8800 S.W. 20TH STREET		2.3 STREET ADDRESS				
CATY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP				
MLE	□ D	ELETE	3.1 TITLE		:	Change	Additio
IAME .			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TILE		ELETE	4.1 TITLE			Change	Additio
IAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
ITLE		ELFTÉ	5.1 TITLE			Change	Addition
NAME)			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TILE	□ D	ELETE	6.1 TITLE			Change	Addition
VAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CrTY-ST-ZIP			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 order attachment with an address.

SIGNATURE: X

3/4/88

X(3/5) 264-3819