

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

CORPORATION
ANNUAL REPORT
1995



DOCUMENT # M05576

(7)

ONE HOUR BIG PHOTO, INC.

APPROVED
AND
FILED

MAY - 1 AM 9:32

OFFICE OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11541 SW 88 ST
MIAMI FL 33176

Principal Place of Business

11541 SW 88 ST
MIAMI FL 33176

(DO NOT WRITE IN THIS SPACE)

2. Date of Report		3. Date of Report (or Liquidation)		3a. Date of Last Report	
21. 09/24/1984		26. 04/25/1994		27. 04/25/1994	
22. 59-2449020		28. 59-2449020		29. 59-2449020	
23. 59-2449020		24. 59-2449020		25. 59-2449020	
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83. 59-2449020		84. 59-2449020		85. 59-2449020	
86. 59-2449020		87. 59-2449020		88. 59-2449020	
89. 59-2449020		90. 59-2449020		91. 59-2449020	
92. 59-2449020		93. 59-2449020		94. 59-2449020	
95. 59-2449020		96. 59-2449020		97. 59-2449020	
98. 59-2449020		99. 59-2449020		100. 59-2449020	

9. Name and Address of Current Registered Agent

CUADROS, CLARISSA P.
11432 S.W. 87TH TERRACE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81. Name	82. Street Address (or P.O. Box Number, if Not Applicable)	83. City	84. State	85. Zip Code
			FL	

11. I, the undersigned, being a director or officer of the corporation, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances as the same appear to me, and that the same are true and correct to the best of my knowledge and belief.

Subscribed

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO BE MADE TO THE REPORT																																																				
<table border="1"><tr><td>NAME</td><td>CUADROS, CLARISSA P.</td></tr><tr><td>STREET ADDRESS</td><td>11432 S.W. 87TH TERRACE</td></tr><tr><td>CITY</td><td>MIAMI FL</td></tr><tr><td>NAME</td><td>VP</td></tr><tr><td>STREET ADDRESS</td><td>OSORIO, MARIA B.</td></tr><tr><td>CITY</td><td>11432 S.W. 87TH TERRACE</td></tr><tr><td>NAME</td><td>MIAMI FL</td></tr><tr><td>STREET ADDRESS</td><td>S</td></tr><tr><td>CITY</td><td>CUADROS, HENRY</td></tr><tr><td>STREET ADDRESS</td><td>11432 S.W. 87 TERR.</td></tr><tr><td>CITY</td><td>MIAMI FL</td></tr></table>	NAME	CUADROS, CLARISSA P.	STREET ADDRESS	11432 S.W. 87TH TERRACE	CITY	MIAMI FL	NAME	VP	STREET ADDRESS	OSORIO, MARIA B.	CITY	11432 S.W. 87TH TERRACE	NAME	MIAMI FL	STREET ADDRESS	S	CITY	CUADROS, HENRY	STREET ADDRESS	11432 S.W. 87 TERR.	CITY	MIAMI FL	<table border="1"><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr></table>	NAME		STREET ADDRESS		CITY		NAME		STREET ADDRESS		CITY		NAME		STREET ADDRESS		CITY		NAME		STREET ADDRESS		CITY		NAME		STREET ADDRESS		CITY	
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14. I, the undersigned, being a director or officer of the corporation, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances as the same appear to me, and that the same are true and correct to the best of my knowledge and belief.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
HAROLD B. MANNING
Secretary of State
Tallahassee, Florida 32399-0001

APR 1996

DOCUMENT # M05762

(3)

931111-1111 0151

NORTH SIDE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Reincorporation 09/27/1984	3b. Date of Last Report 03/22/1994
4. FEIN Number 59-2458661	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. Does corporation have liability for intangible tax under § 194.032, Florida Statutes ☐ Yes ☒ No	

2. Mailing Address of Corporation 21. 1503 S.W. 37 Avenue State Apt. # 101 22. City & State 23. Miami, FL 33145 24. Zip 25. Country	2a. Mailing Address 26. 1503 S.W. 37 Avenue State Apt. # 101 27. City & State 28. Miami, FL 33145 29. Zip 30. Country
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9. Name and Address of Current Registered Agent KEYE, CHARLES N. 12580 N.E. 9TH AVENUE NORTH MIAMI FL 33161	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME PD KRUGER, LUIS	1. NAME	☐ Change ☐ Addition	
2. STREET ADDRESS 1503 SW 37TH AVENUE	2. STREET ADDRESS		
3. CITY, STATE, ZIP MIAMI FL	3. CITY, STATE, ZIP	☐ Change ☐ Addition	
4. NAME	4. NAME		
5. STREET ADDRESS	5. STREET ADDRESS	☐ Change ☐ Addition	
6. CITY, STATE, ZIP	6. CITY, STATE, ZIP		
7. NAME	7. NAME		
8. STREET ADDRESS	8. STREET ADDRESS	☐ Change ☐ Addition	
9. CITY, STATE, ZIP	9. CITY, STATE, ZIP		
10. NAME	10. NAME		
11. STREET ADDRESS	11. STREET ADDRESS	☐ Change ☐ Addition	
12. CITY, STATE, ZIP	12. CITY, STATE, ZIP		
13. NAME	13. NAME		
14. STREET ADDRESS	14. STREET ADDRESS	☐ Change ☐ Addition	
15. CITY, STATE, ZIP	15. CITY, STATE, ZIP		
16. NAME	16. NAME		
17. STREET ADDRESS	17. STREET ADDRESS	☐ Change ☐ Addition	
18. CITY, STATE, ZIP	18. CITY, STATE, ZIP		
19. NAME	19. NAME		
20. STREET ADDRESS	20. STREET ADDRESS	☐ Change ☐ Addition	
21. CITY, STATE, ZIP	21. CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply with the exceptions stated in Sections 194.031 and 194.032, Florida Statutes. I further certify that the information was obtained for the annual report or supplemental annual report is true and accurate and that my signature shall serve the purpose specified in Section 194.031, Florida Statutes. I am aware that I am providing information for the corporation or the registered agent responsible for filing this report as required by Section 194.031, Florida Statutes, and that my name appears on the filing. If it is changed, I will appear on the filing with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

4.18 95 (105) 894-1060