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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

M16411

(4)

HHLIG	ht prof	ES	Sional Photo) LAE	B., INC.								
Principal Place	e of Busines	s			Mailing Address					-{		J Q1011 610 11 1001	
C/O JOSE M. ALEMANY 3015 N.W. 7 ST. MIAMI FL 33125					C/O JOSE M. ALEMANY 3015 N.W. 7 ST. MIAMI FL 33125					DO NOT WRITE IN THIS SPACE			
										3. Date Incorporated or Qualified 06/07/1985			
2. Principal P	lace of Busin	noss		28	. Mailing Address					4. FEI Number		Applied For	
21			\vdash	26					59-2562011		Not Applicable		
Suite, Apt.	#, etc.		7=-	Suite, Apt. #, etc.						\$8.75	5 Additional		
22			27	7					5. Certificate of Status Desired	Fee	Required		
City & State	0			City & State					6. Election Campaign Financing	\$5.0	0 May Be		
23			28						Trust Fund Contribution	Adde	d to Fees		
Zip	Country			\vdash	¬			Country		8. This corporation owes or has paid the	_ ′		
24	25			29						Personal Property Tax due June 30.	☐ Yes	□ No	
			Address of Curren	t Regis	stered Agent		81	T AL	ame	10. Name and Address of New Register	red Agent		
	LEMANY, J						°'	146	airie				
3015 N.W. 7 ST. MIAMI FL 33125								St	reet Addre	ss (P.O. Box Number is Not Acceptable)			
•							83		***************************************				
								Ci	ty		FL 85 Zij	p Code	
44 Digginant	to the provice	ioos	of Continue 607 DEC	2 and f	207 1509 Florido SI	tatutas	the about	<u></u>	mad corno			to registered	
office or ri agent. I a	egistered aç m familiar w	ions jont, ith, ai	or both, in the State and accept the obliga	of Flor ations o	ida Such change v of, Section 607.0505	vas auth 5. Florid	norized by a Statute:	y the s	corporatio	oration submits this statement for the purposon's board of directors. I hereby accept the	appointment a	as registered	
SIGNATURE	Signature, tyried	or nor	aled name of regulered ages	nt and title	e if anolicable	(NOTE: B)	noistered Age	ent sig	natura renuireo	d when reinstating) DAT	TF		
12.	OFFICERS AND							13,		ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	
TITLE	PD				DELETE		1.1 TITLE				Change		
NAME	ALEM/	WY,	JOSE M.				1.2 NAME						
STREET ADDRESS	3015 I						1.3 STREET	ADD#	RESS				
CITY-ST-ZIP	MIAMI FL						1.4 CITY - ST - ZIP					1	
TeTLE					☐ DELETE		21 TITLE				Change	e Addition	
NAME							2.2 NAME						
STREET ADDRESS							23 STREET	r adda	RESS				
CITY-ST-ZIP						_	2 4 CITY-	ST-ZI	P				
TITLE					DELETE		3.1 TITLE				Change	e [] Addition	
NAME						•	32 NAME		ĺ			ĺ	
STREET ADDRESS							3.3 STREET	r addr	RESS				
CITY-ST-ZIP							3.4. CITY-	ST- 211	Р				
TITLE					☐ DELETE		4.1 TITLE				☐ Change	e [] Addition	
NAME							4. 2 NAME						
STREET ADDRESS							4.3 STREET	ADDF	RESS			1	
CITY-ST-ZIP							4.4 CHTY - S	ST-ZiP	·				
TITLE	. —				☐ DELETE		5.1 TITLE				☐ Change	e [] Addition	
NAME						1	5.2 NAME						
STREET ADDRESS							5.3 STREET	ADDF	RESS				
CITY-ST-ZIP							5.4 CiTY-S	ST - ZiP	·				
TITLE					DELETE		61 TITLE				Change	e [] Addition	
NAME							6.2 NAME						

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an eiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address. 14. Thereby certify that the information supplied indicated on this annual report or supply free officer or director of the Oxporation of the re Block 12 or Block 13 changed, or only na

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Jose M. Alemany

3/12/98

Mar 25 1998 8:00am

Secretary of State

(305)-541-2211