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

Mailing Address

PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M31919

1. Corporation Name

Principal Place of Business

TROPICOLOR PHOTO SERVICE, INC.

MIAMI BEACH		1442 ALTON ROAD MIAMI BEACH FL 33139				
us		•			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 05/12/1986	
2. Principal	Place of Business	2a. Mailing Address			4 == 14 - 1	
21		26			Applied to	
Suite, Apt	# atc	Suite, Apt. #, etc.			59-2679988 Not Applica	
22	. r, 6t6.	— · · · ·			5. Certificate of Status Desired \$8.75 Additional	al l
City & Sta	uto.	27 City & State			Fee Required	
23					6. Election Campaign Financing \$5.00 May Be	٠,
Zip	Country	28	Country		Trust Fund Contribution Added to Fees	
24					8. This corporation owes the current year Intangible	
24		29	30		Personal Property Tax.	
	9. Name and Address of Curr	ent Registered Agent	81		10. Name and Address of New Registered Agent	
CHI	EN, TSE-DAO	*	81	Name	•	
100144	2 ALTON ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	MI BEACH FL 33139		L		The Mark of the country of the count	.
IVILA	WI DEACH PL 33139	•	83		· 10 - 20 (2) (大名) (10) (2) (2) (2) (2) (2) (2) (2) (2) (2) (43:
•			-	0.11		2 4
			84	City	E 85 Zip Code	^^
11., Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Statute	es, the above	-named corr	poration submits this statement for the purpose of changing its registers	-d
office or	registered agent, or both, in the Stat arm familiar with, and accept the obli	e of Florida. Such change was a	uthorized by	the corporati	poration submits this statement for the purpose of changing its registere ion's board of directors. I hereby accept the appointment as registered	"
. agon. r	, and accept the obli	gaudis di, Secudi 607.0505, Flor	nda Statutes.		•	- 1
SIGNATURE	Signature, typed or printed name of registered a	yent and title if applicable (NOTE:	Designated Asses		ed when reinstating) , DATE	
12.		ND DIRECTORS	13,	signatura require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	DP	DELETE	1.1 TITLE	7		
NAME	CHIEN, TSE-DAO	, 🗀 522272			☐ Change ☐ Ado	TOOL
		•.	1.2 NAME			
STREET ADORESS	1		1.3 STREET			.
CITY-ST-ZIP	MIAMI BEACH FL		1.4 C/TY-ST	-ZIP		-
TITLE	STD		2.1 TITLE		Change Add	tition
NAME	TSE-SHIEN, CHIEN		2.2 NAME			}
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		2.3 STREET	ADDRESS		ĺ
CITY-ST-ZIP	MIAMI BCH FL	<u> </u>	2. 4 CITY-\$1	-ZIP	the control of the co	
TITLE Sign	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Add	lition
NAME "	CHIEN, CHUNG-DAR		3.2 NAME			
STREET ADDRESS		1.1.	3.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		3.4. CITY-ST			
TITLE		☐ DELETE	4.1 TITLE	-LIF	☐ Change ☐ Add	lition
			4.1 MLE			non
NAME STREET ADDRESS			1			ļ
			4.3 STREET			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-ST-	ZiP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add	ition
NAME			5.2 NAME	ĺ		
STREET ADDRESS		i .	5.3 STREET A	NODRESS		
CITY-ST-ZIP		·	5.4 CITY-ST-	ZIP		- {
TITLE	- 1 : : : : : : : : : : : : : : : : : :	☐ DELETE	6.1 TITLE	·	☐ Change ☐ Addi	tion
NAME	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		6.2 NAME		_ · · · · ·	-
STREET ADDRESS	July Lang James Sancia		63 STREET A	DDRESS		

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:



01/05/939

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90059 048 ***150.00

305-672-3720