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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M47063

(6)

1. Corporation Name

THE ULTIMATE FRAME SHOP CORP.

Principal Place of Business

947 LINCOLN RD.
MIAMI BEACH FL 33139

Mailing Address

947 LINCOLN RD.
MIAMI BEACH FL 33139-2601



3. Date Incorporated or Qualified
02/24/1987

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 1665 Michigan Ave.

2a. Mailing Address

26 1665 Michigan Ave.

Suite, Apt #, etc.

Suite, Apt #, etc.

22 Miami Beach Florida

27 Miami Beach Florida

City & State

City & State

23 33139

28 33139

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DEGIROLAMO, MICHELINA
947 LINCOLN RD.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name De Girolamo Michelina
82 Street Address (P.O. Box Number is Not Acceptable) 1665 Michigan Avenue
83 33139
84 Miami Beach 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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME DEGIROLAMO, MICHELINA
STREET ADDRESS 7810 COQUINA DR
CITY-ST-ZIP N BAY VILLAGE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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

14. I do 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.

SIGNATURE: Michelina De Girolamo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-97

Date

305-538-0823

Daytime Phone #

0120373

CR2E034 (9/96)