FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:37

DOCUMENT # M50426 (9)

1. Corporation Name
PHOTO CLINIC OF AMERICA INC.

Principal Place of Business
99 SE 2 STREET
MIAMI FL 33131

Mailing Address
99 SE 2 STREET
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1987
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2819816 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite Apt # etc 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite Apt # etc 27 / City & State 28 / Zip 29 / Country 30

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
SOLORZANO P-A., ADOLFO M.
7101 S.W. 127 CT
MIAMI FL 33183

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 975 SW 2 ST
83
84 City Miami FL 85 Zip Code 33131

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOLORZANO P-A., ADOLFO M
STREET ADDRESS	7101 SW 127 CT
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	[X] Change [ ] Addition
12 NAME	SOLORZANO, ADOLFO M.	
13 STREET ADDRESS	12200 SW 110 ST	
14 CITY-ST-ZIP	Miami, FL 33186	

14. I hereby certify that the information supplied with this filing voluntarily furnished and 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: [signature] Adolfo M. Solorzano — 01-09-95 (305) 375-9265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0127023 CP