

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M50426** (9)

1. Corporate Name

PHOTO CLINIC OF AMERICA INC.



Principal Place of Business

Mailing Address

**99 SE 2 STREET
MIAMI FL 33131**

**99 SE 2 STREET
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

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27

City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/16/1987

3a. Date of Last Report

01/17/1995

4. FFI Number

59-2819816

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Election Campaign Financing



\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

NAME

SOLORZANO P.A., Adolfo M.

82

Street Address (P.O. Box Number is Not Acceptable)

99 SE 2nd Street

83

CITY

MIAMI

FL

85

Zip Code

33131

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0405, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the Officer or Director)

Signature of Registered Agent (if different from the Officer or Director)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

**D
SOLORZANO, ADOLFO M
12200 SW 100 ST
MIAMI FL**

2. NAME ☐ DELETE

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SIGNATURE:

SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

1-31-96 375 8255