

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

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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent SOLORZANO PA, ADOLFO M. 99 SE 2ND ST MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.1502 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, board of directors name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS 12.1 NAME 12.2 STREET ADDRESS 12.3 CITY-ST-ZIP 12.4 CITY-ST-ZIP 12.5 CITY-ST-ZIP 12.6 CITY-ST-ZIP 12.7 CITY-ST-ZIP 12.8 CITY-ST-ZIP 12.9 CITY-ST-ZIP 12.10 CITY-ST-ZIP 12.11 CITY-ST-ZIP 12.12 CITY-ST-ZIP 12.13 CITY-ST-ZIP 12.14 CITY-ST-ZIP 12.15 CITY-ST-ZIP 12.16 CITY-ST-ZIP 12.17 CITY-ST-ZIP 12.18 CITY-ST-ZIP 12.19 CITY-ST-ZIP 12.20 CITY-ST-ZIP 12.21 CITY-ST-ZIP 12.22 CITY-ST-ZIP 12.23 CITY-ST-ZIP 12.24 CITY-ST-ZIP 12.25 CITY-ST-ZIP 12.26 CITY-ST-ZIP 12.27 CITY-ST-ZIP 12.28 CITY-ST-ZIP 12.29 CITY-ST-ZIP 12.30 CITY-ST-ZIP 12.31 CITY-ST-ZIP 12.32 CITY-ST-ZIP 12.33 CITY-ST-ZIP 12.34 CITY-ST-ZIP 12.35 CITY-ST-ZIP 12.36 CITY-ST-ZIP 12.37 CITY-ST-ZIP 12.38 CITY-ST-ZIP 12.39 CITY-ST-ZIP 12.40 CITY-ST-ZIP 12.41 CITY-ST-ZIP 12.42 CITY-ST-ZIP 12.43 CITY-ST-ZIP 12.44 CITY-ST-ZIP 12.45 CITY-ST-ZIP 12.46 CITY-ST-ZIP 12.47 CITY-ST-ZIP 12.48 CITY-ST-ZIP 12.49 CITY-ST-ZIP 12.50 CITY-ST-ZIP 12.51 CITY-ST-ZIP 12.52 CITY-ST-ZIP 12.53 CITY-ST-ZIP 12.54 CITY-ST-ZIP 12.55 CITY-ST-ZIP 12.56 CITY-ST-ZIP 12.57 CITY-ST-ZIP 12.58 CITY-ST-ZIP 12.59 CITY-ST-ZIP 12.60 CITY-ST-ZIP 12.61 CITY-ST-ZIP 12.62 CITY-ST-ZIP 12.63 CITY-ST-ZIP 12.64 CITY-ST-ZIP 12.65 CITY-ST-ZIP 12.66 CITY-ST-ZIP 12.67 CITY-ST-ZIP 12.68 CITY-ST-ZIP 12.69 CITY-ST-ZIP 12.70 CITY-ST-ZIP 12.71 CITY-ST-ZIP 12.72 CITY-ST-ZIP 12.73 CITY-ST-ZIP 12.74 CITY-ST-ZIP 12.75 CITY-ST-ZIP 12.76 CITY-ST-ZIP 12.77 CITY-ST-ZIP 12.78 CITY-ST-ZIP 12.79 CITY-ST-ZIP 12.80 CITY-ST-ZIP 12.81 CITY-ST-ZIP 12.82 CITY-ST-ZIP 12.83 CITY-ST-ZIP 12.84 CITY-ST-ZIP 12.85 CITY-ST-ZIP 12.86 CITY-ST-ZIP 12.87 CITY-ST-ZIP 12.88 CITY-ST-ZIP 12.89 CITY-ST-ZIP 12.90 CITY-ST-ZIP 12.91 CITY-ST-ZIP 12.92 CITY-ST-ZIP 12.93 CITY-ST-ZIP 12.94 CITY-ST-ZIP 12.95 CITY-ST-ZIP 12.96 CITY-ST-ZIP 12.97 CITY-ST-ZIP 12.98 CITY-ST-ZIP 12.99 CITY-ST-ZIP 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 NAME 13.2 STREET ADDRESS 13.3 CITY-ST-ZIP 13.4 CITY-ST-ZIP 13.5 CITY-ST-ZIP 13.6 CITY-ST-ZIP 13.7 CITY-ST-ZIP 13.8 CITY-ST-ZIP 13.9 CITY-ST-ZIP 13.10 CITY-ST-ZIP 13.11 CITY-ST-ZIP 13.12 CITY-ST-ZIP 13.13 CITY-ST-ZIP 13.14 CITY-ST-ZIP 13.15 CITY-ST-ZIP 13.16 CITY-ST-ZIP 13.17 CITY-ST-ZIP 13.18 CITY-ST-ZIP 13.19 CITY-ST-ZIP 13.20 CITY-ST-ZIP 13.21 CITY-ST-ZIP 13.22 CITY-ST-ZIP 13.23 CITY-ST-ZIP 13.24 CITY-ST-ZIP 13.25 CITY-ST-ZIP 13.26 CITY-ST-ZIP 13.27 CITY-ST-ZIP 13.28 CITY-ST-ZIP 13.29 CITY-ST-ZIP 13.30 CITY-ST-ZIP 13.31 CITY-ST-ZIP 13.32 CITY-ST-ZIP 13.33 CITY-ST-ZIP 13.34 CITY-ST-ZIP 13.35 CITY-ST-ZIP 13.36 CITY-ST-ZIP 13.37 CITY-ST-ZIP 13.38 CITY-ST-ZIP 13.39 CITY-ST-ZIP 13.40 CITY-ST-ZIP 13.41 CITY-ST-ZIP 13.42 CITY-ST-ZIP 13.43 CITY-ST-ZIP 13.44 CITY-ST-ZIP 13.45 CITY-ST-ZIP 13.46 CITY-ST-ZIP 13.47 CITY-ST-ZIP 13.48 CITY-ST-ZIP 13.49 CITY-ST-ZIP 13.50 CITY-ST-ZIP 13.51 CITY-ST-ZIP 13.52 CITY-ST-ZIP 13.53 CITY-ST-ZIP 13.54 CITY-ST-ZIP 13.55 CITY-ST-ZIP 13.56 CITY-ST-ZIP 13.57 CITY-ST-ZIP 13.58 CITY-ST-ZIP 13.59 CITY-ST-ZIP 13.60 CITY-ST-ZIP 13.61 CITY-ST-ZIP 13.62 CITY-ST-ZIP 13.63 CITY-ST-ZIP 13.64 CITY-ST-ZIP 13.65 CITY-ST-ZIP 13.66 CITY-ST-ZIP 13.67 CITY-ST-ZIP 13.68 CITY-ST-ZIP 13.69 CITY-ST-ZIP 13.70 CITY-ST-ZIP 13.71 CITY-ST-ZIP 13.72 CITY-ST-ZIP 13.73 CITY-ST-ZIP 13.74 CITY-ST-ZIP 13.75 CITY-ST-ZIP 13.76 CITY-ST-ZIP 13.77 CITY-ST-ZIP 13.78 CITY-ST-ZIP 13.79 CITY-ST-ZIP 13.80 CITY-ST-ZIP 13.81 CITY-ST-ZIP 13.82 CITY-ST-ZIP 13.83 CITY-ST-ZIP 13.84 CITY-ST-ZIP 13.85 CITY-ST-ZIP 13.86 CITY-ST-ZIP 13.87 CITY-ST-ZIP 13.88 CITY-ST-ZIP 13.89 CITY-ST-ZIP 13.90 CITY-ST-ZIP 13.91 CITY-ST-ZIP 13.92 CITY-ST-ZIP 13.93 CITY-ST-ZIP 13.94 CITY-ST-ZIP 13.95 CITY-ST-ZIP 13.96 CITY-ST-ZIP 13.97 CITY-ST-ZIP 13.98 CITY-ST-ZIP 13.99 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 a signature.			
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/16/1987
4. FEI Number
59-2819816
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.
Yes No

CR2E034 (10/97)