

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P40930 (0)

1. Corporation Name

EXPERT PHOTOPROCESSING SERVICES, INC.

Principal Place of Business

Mailing Address

1725 NW 28 ST.
1052 OCEAN DRIVE
MIAMI FL 33139
US

6660 BISCAYNE BLVD
MIAMI FL 33139
US

APPROVED
AND
FILED

95 APR 18 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/14/1992

3a. Date of Last Report

03/03/1994

4. FEI Number

65-0342931

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 1052 OCEAN DRIVE

2a. Mailing Address

26 1725-27 NW 28 ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI BEACH FLORIDA

24 33139

25 USA

26

City & State

27 MIAMI FLORIDA

28 33142

29 USA

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City & State

31 MIAMI FLORIDA

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City & State

55 MIAMI FLORIDA

56 33142

57 USA

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City & State

59 MIAMI FLORIDA

10. Name and Address of New Registered Agent

81 Name ENGELHAJER FRANCOIS

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

83 1725-27 NW 28 ST

84 City MIAMI

85 FL

86 Zip Code 33142

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

04/06/95

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME ENGELMAJER, LUCIEN
3. STREET ADDRESS CTRA. FUENTE DE ORO
4. CITY, ST, ZIP KM 0 5 NAGUERA 46118

1. TITLE PD
2. NAME ENGELMAJER, FRANCOIS
3. STREET ADDRESS 6660 BISCAYNE BLVD
4. CITY, ST, ZIP MIAMI FL

1. TITLE D
2. NAME BABBAS, DANIEL
3. STREET ADDRESS 1575 RUE BEALUDRY
4. CITY, ST, ZIP MONTREAL QU CA

1. TITLE D
2. NAME LEGROS, RENE
3. STREET ADDRESS LAC LA FLECHE
4. CITY, ST, ZIP NOMINIQUE QU CA

1. TITLE VP
2. NAME PRIETO, MARIO
3. STREET ADDRESS 1725 NW 28TH STREET
4. CITY, ST, ZIP MIAMI FL

1. TITLE ST
2. NAME ENGELMAJER, PAMELA
3. STREET ADDRESS 6660 BISCAYNE BLVD
4. CITY, ST, ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PD
2. NAME ENGELHAJER LUCIEN
3. STREET ADDRESS CHATEAU DE LA MOTHE
4. CITY, ST, ZIP 31330 ST CEZERT GRENADIE FRANCE

1. TITLE PD
2. NAME ENGELHAJER FRANCOIS
3. STREET ADDRESS 1725 NW 28ST
4. CITY, ST, ZIP MIAMI FL 33142

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE ST
2. NAME ENGELHAJER MANUELA
3. STREET ADDRESS 1725 NW 28ST
4. CITY, ST, ZIP MIAMI FL 33142

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(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 an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCOIS ENGELHAJER PD

04/06/95

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