1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90197 039 ***150.00

1. Corporation	MENT # P92000 CH PHOTO, INC.	003250					
Principal Place	of Rusiness	Mailing Address				#11	1831 48 31 1 83 1
123 DUVAL STR		423 FRONT ST					
KEY WEST FL		2ND FLOOR					
		KEY WEST FL 330	40		DO NOT WRITE IN THE	1IS SPACE	
		US			3. Date Incorporated or Qualifed		
	(0.4)	On Marillan Adda			11/10/1992 4. FEI Number	App	lied For
`	ace of Business	2a. Mailing Addre	:55		65-0367959	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #.	etc.			\$8.75 Ad	
22	.,	27			5. Certificate of Status Desired	Fee Req	
City & State		City & State			6. Election Campaign Financing	\$5.00 M	fay Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	ıntry	8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	ed Agent	
C/O	7, steven HGL MIDDLE RIVER DR			81 Name 82 Street Addr 83	ress (P.O. Box Number is Not Acceptable)	RO 7	
	AUDERDALE FL 33304			63	SUINE 215		
,,,	AUDENDALE I E GOOD Y			84 City		85 Zip Co	ode
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 register 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 assept the obligations of, Section 607.0505, Florida Statutes.							egistered stered
	The state of the s	la constant de la con				2/56	ļ
SIGNATURE	Signature, typed or printed barrier of registered age		(NOTE. Registered	1 Agent signature require			
12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	VD					☐ Change	Addition
NAME	ITTAH, CHARLIE P		12 N	1			
STREET ADDRESS	3702 DONALD AVE.			TREET ADORESS			
CITY-ST-ZIP	KEY WEST FL	□ DE		ITY-ST-ZIP		Change	Addition
TITLE	PDS	[] 0				L_ Crisings	
NAME	GAMAL, URI		2.2 N				}
STREET ADDRESS	1800 ATLANTIC BLVD			TREET ADDRESS			1
CITY-ST-ZIP	KEY WEST FL			OTY-ST-ZIP		☐ Change	Addition
TITLE		ان ن	3.2 N				
NAME STREET ADDRESS				TREET ADDRESS			1
STREET ADDRESS				CITY-ST-ZIP			ļ
CITY-ST-ZIP		□ DE				☐ Change	Addition
NAME				AME			}
STREET ADDRESS				TREET ADDRESS			Ì
CITY-ST-ZIP				ITY-ST-ZIP]
TITLE		□ DE				☐ Change	Addition
NAME			5.2 N	AME		•	
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP		<u></u>	
TITLE		☐ Di	LETE 6.1 T	TLE		Change	☐ Addition
NAME :			6.2 N	AME			}
STREET ADDRESS			6.3 S	TREET ADDRESS			

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)(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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Charles Ittah

2/18/99

305-294-7905

Daytime Phone #