SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 14 AM 11: 38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000005186 (1)

1. Corporation Name

MICHAEL LESHAY PHOTOGRAPHY, INC.

Principal Place of Business
1915 BRICKELL AVE
STE CC8
MIAMI FL 33129
US

Mailing Address
PO BOX 331474
MIAMI FL 33233
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1992	3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0369717	☐ 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26 9572 SW 57 St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MIAMI, FL
Zip 24 Country 25	Zip 29 33173 Country 30 USA

9. Name and Address of Current Registered Agent

LESHAY, MICHAEL
1915 BRICKELL AVE
STE CC8
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: CARMEN M. GALLO
82 Street Address (P.O. Box Number is Not Acceptable): 9572 SW 57 St.
83
84 City: MIAMI FL 85 Zip Code: 33173

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 [signature] CARMEN M. GALLO — Date 6/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LESHAY, MICHAEL
STREET ADDRESS	1915 BRICKELL AVE, #CC8
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP		☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP		☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP		

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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(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 or on an attachment with an address.

SIGNATURE: [signature] MICHAEL LESHAY — 6/29/95 — (305) 856-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0145796 FP