

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:57

DOCUMENT # P93000003776 (0)

1. Corporation Name
KIMBERLY PHOTO STUDIO, INC.

Principal Place of Business
**20213 N.W. 52ND AVE.
#584
MIAMI FL 33055**

Mailing Address
**20213 N.W. 52ND AVE.
#584
MIAMI FL 33055**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/11/1993** 3a. Date of Last Report **03/03/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number **65-0386957** Applied For Not Applicable

Suite, Apt. #, etc
22 4095 SW 137 AVE #12

Suite, Apt. #, etc
27 4095 SW 137 AVE #12

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

City & State
23 FL, Miami

City & State
28 Miami, FL

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

Zip
24 33175 Country
25 USA

Zip
29 33175 Country
30

6. This corporation has liability for intangible tax under S. 199, U.S. Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORTIZ, JORGE E
20213 N.W. 52ND AVE.
#584
MIAMI FL 33055**

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 607.0502 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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **ORTIZ, JORGE E**
STREET ADDRESS **20213 N.W. 52ND AVE. #584**
CITY, ST, ZIP **MIAMI FL 33055**

1.1 TITLE Change Addition
1.2 NAME **ORTIZ, JORGE E.**
1.3 STREET ADDRESS **4095 SW 137 AVE #12**
1.4 CITY, ST, ZIP **MIAMI, FL 33175**

TITLE **D**
NAME **ORTIZ, MIRIAM D**
STREET ADDRESS **20213 N.W. 52ND AVE. #584**
CITY, ST, ZIP **MIAMI FL 33055**

2.1 TITLE Change Addition
2.2 NAME **ORTIZ, MIRIAM D.**
2.3 STREET ADDRESS **4095 SW 137 AVE #12**
2.4 CITY, ST, ZIP **MIAMI, FL 33175**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment hereto.

SIGNATURE:

Jorge E. Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5/15/95 (305) 220-9060
DATE (Typed Name)