

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000025259 (1)**

1. Corporation Name

AUDIO FOTO INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**2315 NW 107TH AVENUE
BOX 85
MIAMI FL 33172
US**

**JHANGIMAL, SONIA. D.
9425 SW 91ST STREET
MIAMI FL 33176
US**

3. Date Incorporated or Qualified

04/01/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0403164

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2315 NW 107th Ave

26 9425 SW 91st St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Box 85

27

City & State

City & State

23 Miami, FL

28

Miami, FL

Zip

Zip

Country

Country

24 33172

25

US

29

33176

30

US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JHANGIMAL, D. S
9425 SW 91ST ST
MIAMI FL 33176**

81 Name

JHANGIMAL, D.S

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

9425 SW 91st ST

83

84 City

MIAMI, FL

FL

85 Zip Code

33176

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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JHANGIMAL, SONIA D**
CITY - ST - ZIP **9425 SW 91ST ST.
MIAMI FL 33176**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME **D**
13 STREET ADDRESS **JHANGIMAL, SONIA D**
14 CITY - ST - ZIP **9425 SW 91st St.
MIAMI FL 33176**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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)(k), 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:

Sonia D. Jhangimal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONIA. D. JHANGIMAL

04-25-96

305-591-1999

Date

Office Phone #

CR2E034 (12/95)