

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



(FLORIDA DEPARTMENT OF STATE)  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90089 030 \*\*\*150.00

DOCUMENT # **P93000062151**

1. Corporation Name  
**PHOTO OPPORTUNITIES, INC.**

Principal Place of Business  
12241 S.W. 129 COURT  
MIAMI FL

Mailing Address  
12241 S.W. 129 COURT  
MIAMI FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **800 DOUGLAS RD #205**  
Suite, Apt. #, etc.  
22 **#205**  
City & State  
23 **CORAL GABLES**  
Zip  
24 **33134** Country  
25 **DA08**

2a. Mailing Address  
26 **800 DOUGLAS RD**  
Suite, Apt. #, etc.  
27 **#205**  
City & State  
28 **CORAL GABLES**  
Zip  
29 **33134** Country  
30 **DA08**

3. Date Incorporated or Qualified  
**09/03/1993**

4. FEI Number  
**65-0435072** Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**RILEY, GARY P**  
**12241 S.W. 129 COURT**  
**MIAMI FL**

10. Name and Address of New Registered Agent

81 Name **RILEY, GARY P**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**800 DOUGLAS ROAD**  
83 **SUITE 205**  
84 City **CORAL GABLES** FL 85 Zip Code **33134**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HENCINSKI, EDWARD J JR</b>	
STREET ADDRESS	<b>C/O 12241 S.W. 129 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RILEY, GARY P</b>	
STREET ADDRESS	<b>12241 S.W. 129 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HENCINSKI, EDWARD J JR</b>	
1.3 STREET ADDRESS	<b>800 DOUGLAS ROAD SUITE 205</b>	
1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RILEY, GARY P</b>	
2.3 STREET ADDRESS	<b>12241 SW 129 COURT</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33134</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

305 445-5544

Daytime Phone #

CR2E034 (11/98)

0198706