FILE NOW: FILING FEE AFTER MAY 1 IS \$5

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTME

Sandra B. Molina

Secretary of Sate

Secretary of Site DIVISION OF CORPORATIONS

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OF STATE

DOCUMENT # P9400000084 (1)

SOUTHERN EXPOSURE CAMERA RENTALS, INC.

FILED

Jul 17 1997 8:00am

Secretary of State

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Principal Place of Business Mailing Address					(10011001 JIO 15111 BIEII BEITI BIEFI BU	(† 18 13) (1 1)) (5)	TELE DATOL (B il	1 4101 1081
% BART TAU	n i Adrime	% BART TAU						
7741 S.W. 50T		7741 S.W. 50TH COURT Miami Fl. 33143-6026						
	· ·	HINTELLE ST. HANNEL			3. Date Incorporated or Qualified 12/30/1993	3a, Date 02/1	e of Last R 2/1996	Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		` 	oplied For
21		26			65-0464604		—	ot Applicable
Suite, Apt.	•	Suite, Apt. #, etc.	7		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Stat	te	City & State	City & State		6. Election Campaign Financing \$5.00 May B		Mav Be	
23		28			Trust Fund Contribution		Added	
Zip	Country	Zip	Country	y	8. This corporation has liability for			. 199.032,
24	25 Name and Address	of Current Registered Agent	00			Yes 🗌		
TAL	I, BART	or Current Registered Agent	81	Name	10. Name and Address of New Re	gistered A	gent	
	1 S.W. 50TH COURT		0.	Hallie				
	MI FL 33143		82		ress (P.O. Box Number is Not Acceptal	ole)		
			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 regist 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.								s registered
office of 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 revisional) DATE								
12.		ICERS AND DIRECTORS	13.	ent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE	DIDECTOR	OC IN 19
TITLE	D	☐ DELETE	1.1 TITLE		ADDITIONO/CITANGES TO OFFIC		Change	Addition
NAME	TAU, BART	-	1.2 NAME			_	ondings	7.00/10/1
STREET ADDRESS	7741 S.W. 50 CT	41 S.W. 50 CT		T ADDRESS				
CITY-ST-ZIP	MIAMI EI 20142		1.4 CITY-					
TITLE	D DELETE		2.1 TITLE			Ţ	Change	☐ Addition
NAME	Banner, John		2.2 NAME					
STREET ADDRESS	7741 S.W. 50 CT		2 3 STREFT	T ADDRESS				Ì
CITY-ST-ZIP	MIAMI FL 33143		2 4 CITY-	ST-ZIP				
TITLE	DELETE		31 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS	3		3.3 STREET	ADDRESS				
CITY-ST-ZIP				S1-ZIP				
TITLE		LJ DELETE	4.1 TITLE			L	Change	Addition
NAME ATREET ARRESTO			4. 2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S	51 - ZIP			T Chanca	Relativism .
NAME			5.1 TITLE			L	Change	Addition
STREET ADDRESS			5.2 NAME	ADDOCCO				
CITY-ST-ZIP			5.3 STREET					
TITLE		DELETE	5.4 CMY- S 6.1 TITLE	51-70		Т	Change	Addition
NAME				ĺ	•	L	Unange	C Addition
STREET ADDRESS			6.2 NAME 6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY- S					
4.6 14.1	110		0.4 0111 5	/1 411	·			

4. I do hereby certify that the information supplied with this filing does not qualify for the elemption 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to excute 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.