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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

appears in Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 13 1997 8:00am

Secretary of State

2N 2KU 0077

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TOBIAS ROHAN RANDALL PHOTOGRAPHY INC.

Principal Place of Business Mailing Address 7240 S.W. 56 AVENUE 7240 S.W. 56 AVENUE MIAMI FL 33143-5601 MIAMI FL 33143 3a. Date of Last Report 3. Date Incorporated or Qualified 04/23/1996 01/28/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0487568 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for intengible tax under s. 199.032, 🛚 Yes 🔲 No 25 29 30 **Florida Statutes** 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROHAN, NANCY 7240 SW 56 AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 City Zip Code Sections 607.0502 and 2077,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Pursuant to the provisions 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 and accept the obligations of Section 607.0505, Florida Statutes, office or registered age agent fam familiar w SIGNATURE Registered Agent signature required when reinstating) FFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. ☐ ¢hange ■ Addition DELETE 11 THILE TITLE ROHAN, NANCY 1.2 NAME NAME 7240 S.W. 56 AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33143** 1.4 CITY-ST-ZIP CHTY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 1ITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-\$1-ZIP Change Addition DELETÉ 6.1 TITLE TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

14. I do 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 gential report or supplemental annual report between 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 employment to execute this report as required by Chapter 607, Florida Statutes; and that my name