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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000018771 (3)

DANA PHOTO STUDIO BY VARELA, INC.

Principal Place of Business Mailing Address 152-154 HIALEAH DRIVE 152-154 HIALEAH DRIVE HIALEAH FL 33010-5250 HIALEAH FL 3a. Date of Last Report 3. Date Incorporated or Qualified 03/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0473972 21 26 Not Applicable 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 23 Trust Fund Contribution Added to Fees 28 Country Country Zip This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VARELA, GERARDO 152-154 HIALEAH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 83 84 City 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, a m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or periled name of registered agent and tibe if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) PSD Addition DELETE Change 1110 11 TITLE VARELA, GERARDO NAME 1.2 NAME 152-154 HIALEAH DRIVE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL CITY - \$1 - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition VID) TITLE 2.1 TITLE VARELA, JOAN NAME 2.2 NAME 152-154 HIALEAH DRIVE STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL City-St-ZiP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CILY-S1-2IP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE HAM 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY STATE DELETE Change ☐ Addition THE 51 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS City - \$1 - Zif 5.4 CITY+ST-ZIP DELETE Change Addition THLE 6.1 TITLE NAM: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-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 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

SIGNATURE:

appears in Block 12 or B

FILED

Feb 04 1997 8:00am

Secretary of State

1.28.97 305.8855142