PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

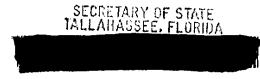
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P94000023153 (7)

AMERICAN INTERNATIONAL PASSPORT PHOTOS, INC.

98 JUN -5 AM 9:0



Principal Place	of Business	Mailing Address				
P O BOX 430964 P O BOX 430964						
S MIAMI FL 33243 S MIAMI FL 33243				DO NOT WORTH IN THIS AGAIN		6 60ACE
US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					03/24/1994	
2. Principal Pla	ace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21		25		65-0507009	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	├ ─┐		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip				antry 8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30	Personal Property Tax due June 30. 🔼 Yes 🗌 No		
	9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent 81 Name		
UGENT, AVERY				1 Name		
) arvida parkway Iral gables fl 33156		82 Stre		ress (P.O. Box Number is Not Acceptable)	
	MAL CAULED I E 33 130		ħ	13		
			<u> </u>	4 City		85 Zip Code
44 8		100 1 007 1500 Clasida			F	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change igations of, Section 607,050	Matutes, me ab was authorized 15. Florida Statu	by the corporates.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	- ,					
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable	(NOTE: Registered	Agent signature requ	ured when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPST AVEOU	DELET	E 1.1 TITL	£		Change Addition
NAME	UGENT, AVERY		1.2 NA	1E		,
STREET ADDRESS	P O BOX 430964 (NA)		1.3 STR	EET ADDRESS		Ţ
CITY-ST-ZIP	\$ MIAMI FL 33243			(-ST-ZIP	<u> </u>	<u> 643 - 8 </u>
TITLE		☐ DELET			-06/11/98	01959acge 0011 Addition ****150.00
NAME			2.2 NA	AE	***1950.00	****15U_UU
STREET ADDRESS			2.3 STF	EET ADDRESS		
CITY-ST-ZIP		T or or		Y-ST-ZIP		A Comment of Addition
TITLE		☐ DELE		-		Change Addition
NAME			3.2 NA			
STREET ADORESS				EET ADDRESS		
CITY-ST-ZIP		Mose		Y-ST-ZIP		Chrone L Addition
TITLE		☐ DELET		· I		☐ Change ☐ Addition
NAME			4. 2 NA			
STREET ADDRESS				EET AODRESS		
CITY-ST-ZIP		Florid		Y-ST-ZIP	·	Change Addition
TITLE		☐ DELET		i		Change Addition
NAME			5.2 NA			
STREET ADDRESS				IEET AODRESS		
C:TY-ST-ZIP	<u></u>	DELET		Y-ST-ZIP		Change Addition
TITLE		L. UELEI	1	1		Change Addition
MAME			6.2 NA			
STREET ADDRESS				REET ADDRESS		ļ
CITY ET 219	I .		■ 6 4 CH	ער כז. אף נ		3

14. Thereby 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.

SIGNATURE:

04-20-98

(305)665-3868

0287391 Daylime Phone #