

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **994000027330**  
1. Corporation Name  
**EUCLIDES SANTIAGO PHOTOGRAPHY, INC.**

Principal Place of Business Mailing Address  
**4310 SHERIDAN ST.  
HOLLYWOOD, FL. 33021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **3-31-94** 3a. Date of Last Report **4-26-95**  
4. FEI Number **65-0483800** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**EUCLIDES SANTIAGO  
4310 SHERIDAN ST.  
HOLLYWOOD, FL. 33021**

10. Name and Address of New Registered Agent

01. Name  
02. Street Address (P.O. Box Number is Not Acceptable)  
03.  
04. City FL 05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 of president or other officer of corporation

Signature of registered agent (signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

1101. TITLE **PRES./D**  
1102. NAME **EUCLIDES SANTIAGO**  
1103. STREET ADDRESS **4310 SHERIDAN ST**  
1104. CITY-STATE-ZIP **HOLLYWOOD, FL. 33021**  
1105. TITLE  
1106. NAME  
1107. STREET ADDRESS  
1108. CITY-STATE-ZIP  
1109. TITLE  
1110. NAME  
1111. STREET ADDRESS  
1112. CITY-STATE-ZIP  
1113. TITLE  
1114. NAME  
1115. STREET ADDRESS  
1116. CITY-STATE-ZIP  
1117. TITLE  
1118. NAME  
1119. STREET ADDRESS  
1120. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1201. TITLE  Change  Add  
1202. NAME  
1203. STREET ADDRESS  
1204. CITY-STATE-ZIP  
1205. TITLE  Change  Add  
1206. NAME  
1207. STREET ADDRESS  
1208. CITY-STATE-ZIP  
1209. TITLE  Change  Add  
1210. NAME  
1211. STREET ADDRESS  
1212. CITY-STATE-ZIP  
1213. TITLE  Change  Add  
1214. NAME  
1215. STREET ADDRESS  
1216. CITY-STATE-ZIP  
1217. TITLE  Change  Add  
1218. NAME  
1219. STREET ADDRESS  
1220. CITY-STATE-ZIP

**100001883661**  Change  Add  
**-07/03/96--01070--015**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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: *X Euclides Santiago* 4/29/96 X 215:211.0000