FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027964 (3)

FUNTASTIC PHOTO, INC.

FILED
May 14 1997 8:00am
Secretary of State



	· Or Entismess	W ELIAS D. DELGADO					
OAKLAND PARI	(FL 33334	2031 S.W. 37TH AVENU	2031 S.W. 37TH AVENUE FORT LAUDERDALE FL 33312-4221				
us 		PON: LAUDERDALE PL	33312-4221		3. Date incorporated or Qualified 04/13/1994	3a, Date of La 03/12/199	st Report
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number 65-0488344		Applied For
21		26					Not Applicable
Suite, Apt. # etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Ζφ	Country		8. This corporation has liability for it), This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24	25 9. Name and Address of Curr	29 29 Agent	30		Fiorida Statutes Sk Yes No 10. Name and Address of New Registered Agent		
DE	GADO, ROSA M	on nogotood rigon	6.	Name	10.		
	I S.W. 37TH AVENUE						
	T LAUDERDALE FL 33312		82 Street Addre		Iress (P.O. Box Number is Not Acceptab	le)	
			8:				
			84	City		85	Zip Code
44 0	1	100 and 207 1500 Florida Cta	tutos the obs		acation as built this statement for the o	FL °	na ita ragiotarad
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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
agent ha	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Statute	9 S .			
SIGNATURE	Signature, typica or printed name of registered	nose) and tito if applicable (A	MTF: Bagistared A	sent signature requi	fred when reinstaling)	DATE	
12.		AND DIRECTORS	13.	Sour er Sustance recto	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
1111.6	D	DELETE	1.1 TOTLE	······		☐ Chai	
NAME	DELGADO, ROSA M		1,2 NAME				
STREET ADDRESS	2031 SW 37TH AVENUE		1,3 \$1828	T ADDRESS			
CiTy - ST - ZIP	FORT LAUDERDALE FL 333	12	1.4 CiTY-	ST-ZIP		1	
TITLE			2.1 TITLE		***************************************	☐ Cha	nge Addition
NAME			2.2 NAME				
STREET ADDRESS	2031 SW 37TH AVENUE		2.3 STREE	T ADDRESS			
CiTY - \$1 - 24P	FORT LAUDERDALE FL 33312		2. 4 CITY	-ST-21P			
TITLE		DELETE	3.1 TITLE			☐ Cha	nge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY - S1 - ZIP			3.4. CITY	-ST-21P			
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	nge 🔲 Addition
NAME			4. 2 NAM				
STREET ADORESS			4.3 STRE	T ADDRESS			
CITY - S1 - 7IP			4.4 CITY-	ST-ZIP			
TILE		DELETE	5.1 TITLE			Cha	nge Addition
NAME:			5.2 NAME				
STREET ADDRESS			5.3 STRE	T ADDRESS			
C:11 - S1 - ZIP			5.4 CHY-	\$1-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Cha	nge
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CiTY - SI - ZIP			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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

954 564-8778

ylime Phone #