SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PŘOFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

· 1 14/1-11	1996	DIVISIO	IN OF CORPOR	RATIONS		
DOCUI	MENT # P940	00047886	(4)			
VICTO	R PHOTOGRAPHY, CORI	P.				
Principal Place of Business Mailing Address						BANIN BANIN BARIN (BARIN 1810)
313 PALM AVE.		313 PALM AVE.				
HIALEAH FL	33010	HIALEAH FL 3301	10			
					 Date Incorporated or Qual fred 06/22/1994 	 -
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	06/15/1995 Applied For
1		26			65-0565917	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 14	Country 25	Zip	├ ─┐	ountry	8. This corporation has liability for	or intangible tax under s. 199 032. Yes
41	9. Name and Address of Cur		[30]	T	Florida Statutes 10. Name and Address of New F	
74	NYAS, ELISA L		W/111 (4. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1	81 Name		
160 W. 55 PLACE				82 Street A	ddress (P.O. Box Number is Not Accepta	able)
HIALEAH FL 33012						
				83		
				84 City		FL 85 Zip Code
orrice or ri	egistered agent, or both in the Stani familiar with, and accept the ob	ate of Florida. Such change Algations of, Section 607.05	: was authorize 05, Florida Sta	a by the corpor tutes	orporation submits this statement for the ration's board of directors. I hereby access	pt the appointment as registered
12.		AND DIRECTORS	13		ADDITIONS/CHANGES TO OFF	
TITLE	STD	DELE	11	TiTLE		Change Addition
NAME	ZAYAS, ELISA			NAME		
STREET ADDRESS	1160 W 55TH PLACE HIALEAH FL 33012			STREET ADDRESS		
CITY-ST-ZIP TITLE	TRALLATIFE 33012	DELE		CITY - ST - ZIP TITLE		Change Addition
NAME			22	NAME		
STREET ADDRESS			23	STREET ADDRESS		
CITY-ST-ZIP				CITY - ST - ZIP		
TITLE NAME	1	DELI		THTLE	•	Change Addition
STREET ADDRESS				NAME STREET ADDRESS		
CITY-ST-ZIP				CITY - ST - ZIP		
TITLE		DELE	· · · · · · · · · · · · · · · · · · ·	TITLE		Change Addition
NAME			4 2	NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP TITLE		DELI		CITY-ST-ZIP TITLE		
NAME		[ber		NAME *	5000019 -08/02/96010	11615
STREET ADDRESS				STREET ADDRESS	-08/02/9601	044034
CITY-ST-ZIP				CITY - ST - ZIF	***225.00	
TITLE		DELE	61	TITLE		Change Addition
NAME			62	NAME		- D-CM

CITY-ST-ZIP 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)(k). Floridal statutes I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal official 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 617, Floridal Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

STATISHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10. (Continued on the exemption stated in Section 119 07(3)(k). Floridal Statutes in the same legal officer 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 617, Floridal Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STATISHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 3 STREET ADDRESS

STREET ADDRESS