PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000047886 (4)

VICTOR PHOTOGRAPHY, CORP.

FILED

97 AUG 26 PH 12: 11

SECRETARY OF STATE

Principal Place	e of Business	Mailing /	Address	····				SEE, PE	ORIĐA 	
313 PALM AVE. 313 PALM AVE.							Ì			
HIALEAH FL 33010 HIALEAH FL 33010										
							DO NOT WRITE			
							3. Date Incorporated or Qualified 06/22/1994		of Last R 02/1996	•
_	lace of Business	2a, Maili	ng Address				4. FEI Number		Ar	oplied For
21		26					65-0565917		~	ot Applicable
Suite, Apt.	#, etc.	⊢_,	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22			27					~		equired
City & State	e	}¬ '	City & State				6. Election Campaign Financing	г	\$5.00	
23	Country	28 Zip		T Co.	intry		Trust Fund Contribution		Added	
Zip	25 Country	— 		 -	n itry		8. This corporation owes or has pa			tangible No
24	9. Name and Address of Cur	29 rent Registered	Anent	30	Γ		Personal Property Tax due June 10. Name and Address of New Re			- ONI E
74	YAS, ELISA L	ioni nogratorea	Agun		81	Name	10, Name and Address of New Yor	giototoa n		
160 W. 55 PLACE									:	
HIALEAH FL 33012					82	Street Ad	dress (P.O. Box Number is Not Acceptate	energy of	155 -	n l
TIPALLALITE SOUTE					83		-087287			
								5.00	帐帐帐帐1€	65.00 I
					84	City		FL	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both in the Standard median with, and accept the ob-	0502 and 607.150 ate of Florida. Su digations of, Sect	08, Florida Statui ch change was ion 607.0505, Fl	les, the a authorize orida Sta	bove d by tutes	named co the corpor	orporation submits this statement for the parties at a statement of directors. I hereby acceptions	urpose of o	changing it intment as	s registered registered
	Slanetura byped or planety ha of registered	agent and title if applic	abro (NO)	t Hogislove	d Age	nt signature req	quired when reinstating)	DATE		
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTOF	3S IN 12
TITLE	STD		DELETE	1.17	TLE	1			☐ Change	Addition
NAME	ZAYAS, ELISA			1.2 N	AME	İ				. [
STREET ADDRESS	1160 W 55TH PLACE			1.3 \$	TREET	ADDRESS				Į
CITY-ST-ZIP	HIALEAH FL 33012			1.4 0	1Y-S	T - 7(P				
TITLE			DELETE	2111	TLE				Change	Addition
NAME				22 N	AME					
STREET ADDRESS				2.3 \$	TREET	address]
CITY-ST-ZIP				2.40	HTY-S	T-ZIP				
TITLE	li		☐ DELETE	3.1 T	1LE				Change	Addition
NAME				3.2 N	AME	- 1				
STREET ADDRESS				3.3 S	TREE1	ADDRESS				
CITY-ST-ZIP				3.4. 0	TY-S	1 - ZIP				
TITLE			☐ DELETE	4.1 TI	TLE			I	Change	☐ Addition
NAME				4.2 N	IAME	1				-
STREET ADDRESS	•			4.3 S	TREFT	ADDRESS				
CITY-SI•ZIP	· · · · · · · · · · · · · · · · · · ·			4.4 C	TY-S	I - ZIP				
TITLE			DELETE	5.1 Ti	TLE			8-24	Change	☐ Addition
NAME				5.2 N	AME			~1.	20	
STREET ADDRESS				5.3 \$	TREET	ADDRESS		8-7(0	.01	
CITY-ST-ZIP					TY-S	I - 21P				
TITLE	1		DELETE	6.1 7	TLE				Change	Addition
NAME				6.2 N	AME					[
STREET ADDRESS				6.3 S	TREET	ADDRESS				Į
CITY-ST-ZIP	_			6.4 C	ITY-S	T-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.

126 888-2776