

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wanda B. Matsum
Secretary of State
Office of the Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 1:44

DOCUMENT # **P94000071622 (2)**

1. Corporation Name

PONCE PHOTO SUPPLY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office (City and State) Mailing Address
**2603 PONCE DE LEON BLVD
CORAL GABLES FL 33134** **2603 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 09/29/1994	3a. Date of Last Report
4. FEI Number 65-0533415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has failed to submit the information by statute § 600.019 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office (City and State) 21	2a. Mailing Address 26
State Apt # etc. 22	State Apt # etc. 27
City, State 23	City, State 28
24	25 29 30

9. Name and Address of Current Registered Agent

**ALVAREZ, ARIEL A
2603 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.002 and 607.019, 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 Sections 607.002, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent) (Type name and title of agent in Block 9.)

(Signature of New Registered Agent) (Type name and title of agent in Block 10.)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME CORPORAL NAME CITY, STATE	D ALVAREZ, ARIEL A 2603 PONCE DE LEON BLVD. CORAL GABLES FL 33134	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME CORPORAL NAME CITY, STATE		13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME CORPORAL NAME CITY, STATE		13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME CORPORAL NAME CITY, STATE		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME CORPORAL NAME CITY, STATE		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME CORPORAL NAME CITY, STATE		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME CORPORAL NAME CITY, STATE		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and equally for the corporation stated in this law § 600.019 Florida Statutes. I further certify that the information indicated on the annual report of supplemental annual report system and accounts and that the corporation shall have the same legal office as it made under state that has an office or offices for the corporation in the state or the has responsibility to maintain this report as required by Chapter 607, Florida Statutes, and that my duties appear in Block 9 or Block 10 of changed or corrected the information with

SIGNATURE:

(Type name and title of signing officer or director)

4/26/95 (305) 661-3430