

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

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May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000016624 (5)

1. Corporation Name

PALLAS PHOTOGRAPHIC, INC.

Principal Place of Business

8 N.E. 40 STREET
SUITE 103
MIAMI FL 33137
US

Mailing Address

8 N.E. 40 STREET
SUITE 103
MIAMI FL 33137
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 8 N.E. 40 Street	26 8 NE 40 St.	02/27/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0567153
City & State	City & State	Applied For
23 Miami, FL	28 Miami, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24 33137	29 33137	30
Country	Country	8.75 Additional Fee Required
25	30	6. Election Campaign Financing
		Trust Fund Contribution
		5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
		Yes No

9. Name and Address of Current Registered Agent

SAS, MICHELLE
8 N.E. 40 STREET
MIAMI FL 33137

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 607.0502 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 I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	PS
NAME	WATT, STEPHEN	1.2 NAME	SAS, MICHELLE
STREET ADDRESS	1455 N. TREASURE DR., PH-B	1.3 STREET ADDRESS	1455 N. TREASURE DR., P.H.-B
CITY-ST-ZIP	N. BAY VILLAGE FL	1.4 CITY-ST-ZIP	N. Bay Village, FL 33141
TITLE	VPT	2.1 TITLE	VPT
NAME	SAS, MICHELLE	2.2 NAME	WATT, STEPHEN
STREET ADDRESS	1455 N. TREASURE DR., PH-B	2.3 STREET ADDRESS	1455 N. TREASURE DR., P.H.-B
CITY-ST-ZIP	N. BAY VILLAGE FL	2.4 CITY-ST-ZIP	North Bay Village, FL 33141
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Michelle Sas

Michelle Sas

4/29/98

305-573-7020

CR2E034 (10/97)