

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

GOLDENPHOTO CORPORATION

P950000041580

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

3/20/95

2. Principal Place of Business

2a. Mailing Address

21 **501 Brickell Key Drive**

26 **501 Brickell Key Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 400**

27 **Suite 400**

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Country

Zip

Country

24 **33131**

25 **U.S.A.**

29 **33131**

30 **U.S.A.**

4. FEI Number

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
SLOSBERGAS, NELSON

82 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive

83 **Suite 400**

84 City
Miami

85 Zip Code
FL 33131

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 of agent or printed name of registered agent and his application (NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
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CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
**DPS
ZEITOUNE, CARLOS A.
501 Brickell Key Drive, Suite 400
Miami, Florida 33131**

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP
**DVPT
ZEITOUNE, LEIA
501 Brickell Key Drive, Suite 400
Miami, Florida 33131**

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
**800001891698
-07/12/96--01011--013
***225.00**

6. TITLE
7. NAME
8. STREET ADDRESS
9. 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), 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

Date

Date of Filing

CR2E034 (12/95)