

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

FILED
May 05 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000047038 (1)**

1. Corporation Name
SAI PHOTO, INC.



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|---|---|
| Principal Place of Business 2315 N.W. 107TH AVE. WAREHOUSE B35 MIAMI FL 33172 | Mailing Address 9425 S.W. 91 ST. MIAMI FL 33176 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 2264 NW 87th AVE Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 06/16/1995 | |
| 22 City & State 23 MIAMI, FL | | 27 City & State | | 4. FEI Number 65-0589543 | |
| 24 Zip 33172 | | 29 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent JHANGIMAL, SONIA 9425 SW 91ST ST. MIAMI FL 33176 | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | 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 *Sonia D. Jhangimal*

DATE **04/20/98**

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 | PTD | <input type="checkbox"/> DELETE | | 1.1 TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JHANGIMAL, SONIA DIPU | | | 1.2 NAME | JHANGIMAL, SONIA DIPU | | |
| STREET ADDRESS | 2315 N.W. 107TH AVE. WAREHOUSE B35 | | | 1.3 STREET ADDRESS | 2264 NW 87th AVE | | |
| CITY-ST-ZIP | MIAMI FL 33172 | | | 1.4 CITY-ST-ZIP | MIAMI, FL 33172 | | |
| TITLE | VSD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JHANGIMAL, DIPU | | | 2.2 NAME | | | |
| STREET ADDRESS | 2315 N.W. 107TH AVE. WAREHOUSE B35 | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33172 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: *Sonia D. Jhangimal*

SONIA D. JHANGIMAL

04/20/98 305-591-1999

CR2E034 (10/97)