

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000076417 (1)**

1. Corporation Name
JEAN-CHRISTOPHE MICHEL PHOTOGRAPHY, INC.



Principal Place of Business Mailing Address
800 WEST AVENUE STE 935 MIAMI BEACH FL 33139 **800 WEST AVENUE STE 935 MIAMI BEACH FL 33139**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1995	3a. Date of Last Report
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number 65-0620372	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PEARLMAN, CRAIG S 201 SO. ORANGE AVENUE STE 900 ORLANDO FL 32801				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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D MICHEL, JEANCHRISTOPHE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	800 WEST AVENUE STE 935 MIAMI BEACH FL 33139	1.2 NAME	
3. CITY - ST - ZIP		1.3 STREET ADDRESS	
4. TITLE	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		2.2 NAME	
7. CITY - ST - ZIP		2.3 STREET ADDRESS	
8. TITLE	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY - ST - ZIP		3.3 STREET ADDRESS	
12. TITLE	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY - ST - ZIP		4.3 STREET ADDRESS	
16. TITLE	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY - ST - ZIP		5.3 STREET ADDRESS	
20. TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 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)(g), 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 of this change of agent attachment with an address.

SIGNATURE: *Christophe Michel* **JEAN-CHRISTOPHE MICHEL** **2/9/96** **(305) 534-2170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (DAY, MONTH, YEAR)

CR2E034 (12/95)