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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000097652 (8)**

1. Corporation Name

AMERICAN CAMERA DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
1666 KENNEDY CAUSEWAY SUITE 705 NORTH BAY VILLAGE FL 33141	1666 KENNEDY CAUSEWAY SUITE 705 NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified: **12/27/1995**
3a. Date of Last Report: 12/27/95

2. Principal Place of Business
21: 3550 Biscayne Blvd
22 Suite, Apt. #, etc.: Suite 705
23 City & State: Miami FL
24 Zip: 33137 25 Country: USA

2a. Mailing Address
26: 3550 Biscayne Blvd
27 Suite, Apt. #, etc.: Suite 705
28 City & State: Miami FL
29 Zip: 33137 30 Country: USA

4. FEI Number: Applied For — [X] 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. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SCHMITT, CARL A
1666 KENNEDY CAUSEWAY
SUITE 705
NORTH BAY VILLAGE FL 33141

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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	SCHMITT, CARL A		12 NAME	
STREET ADDRESS	1666 KENNEDY CAUSEWAY SUITE 705		13 STREET ADDRESS	
CITY-ST-ZIP	N BAY VILLAGE FL 33141		14 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	GROSSFELD, KENNETH		22 NAME	
STREET ADDRESS	3550 BISCAYNE BLVD. SUITE 705		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		24 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	STEIN, MOSHE		32 NAME	
STREET ADDRESS	3550 BISCAYNE BLVD. SUITE 705		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 attached sheet with an address.

SIGNATURE: CARL Schmitt 3/18/96 305 868 4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #