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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600009433 (9)

CHAKTOURA PHOTOGRAPHY, INC.

FILED Jan 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1500 BAY ROAD #1558 1500 BAY ROAD #1558 MIAMI FL 33139 MIAMI FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1996 2. Principal Place of Business 21 1688 MERICIAN 2a. Mailing Address 4. FEI Number Applied For 65-0640403 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 60 A City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Z(p)8. This corporation owes or has paid the current year Inlangible 29 Personal Property Tax due June 30. Yes □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHAKTOURA, ALBERTO J 1500 BAY ROAD #1558 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33139** 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change PTD DELETE 1.1 TITLE Addition TITLE NAME CHAKTOURA, ALBERTO J 1.2 NAME 1500 BAY ROAD #1558 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33139** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition VSD TITLE 21 TITLE VAZQUEZ, ROSALIA NAME 2.2 NAME 1500 BAY ROAD #1558 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33139** 2.4 CiTY - ST - ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-71P 3.4 CHY-SI-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-7IP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 nurse appears in Block 12 or Block 13 if changed, or on an attachmoult with an indidness.

MATURE. 1-4-98

CR2E034 (10/97)