

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

**FILED**

**May 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000016276 (3)**

1. Corporation Name  
**COLLAR PHOTO, INC.**



Principal Place of Business

**4350 N.W. 8 TERR  
APT. 113  
MIAMI FL 33126**

Mailing Address

**4350 N.W. 8 TERR  
APT. 113  
MIAMI FL 33126-3553**

3. Date Incorporated or Qualified

**02/19/1996**

3a. Date of Last Report

**02/19/96**

2. Principal Place of Business

21 **COLLAR PHOTO**

Suite, Apt. #, etc.

23 **MIAMI FL.**

24 **33183**

25 **E.U.**

2a. Mailing Address

26 **13772 SW 84 th ST.**

Suite, Apt. #, etc.

27 **-**

28 **33183**

30 **U.S.**

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. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**COLLAR, JUAN J  
4350 N.W. 8 TERR  
APT. 113  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name **COLLAR JUAN J.**  
82 Street Address (P.O. Box Number is not Acceptable) **15911 SW 99 PL**  
83  
84 City **Miami** FL 85 Zip Code **33157**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLAR, JUAN J</b>	
STREET ADDRESS	<b>4350 N.W. 8 TERR., APT 113</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLAR, MILAGRO F</b>	
STREET ADDRESS	<b>4350 N.W. 8 TERR., APT 113</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PSTD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Collar Juan J</b>	
1.3 STREET ADDRESS	<b>15911 SW 99PL</b>	
1.4 CITY-ST-ZIP	<b>Miami Fl 33157</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Collar Milagros F</b>	
2.3 STREET ADDRESS	<b>15911 SW 99Pl</b>	
2.4 CITY-ST-ZIP	<b>Miami Flm 33157</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

*Handwritten signature and date: 5/12/97*

**100002186581  
-05/21/97--01056--025  
\*\*\*165.00**

14. I do 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten signature and date: 4/27/97*

Date

Daytime Phone

CR2E034 (9/96)