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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

'Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

P96000016573 (3)

DOCUI 1 Corporation	MENT # P9600 0	016573 (3)		
	ESSIERI PHOTOGRAPHY (
•				
Principal Place	e of Business	Mailing Address		T CONTROL LID TOTAL STATE SOLIT BOTT DELIC COND. HERE DILES CHIEF 1000 LILL TERV
834 MICHIGAN AVENUE, SUITE 309 MIAMI BEACH FL 33138		834 MICHIGAN AVENUE. SUITE 309 MIAMI BEACH FL 33139-5365		
			l	3. Date Incorporated or Qualified 3a. Days of Last Report 02/22/1996
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number Applied For
21		26		65-0646025 Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	·	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25 Name and Address of Currer		30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
AME	RILAWYER CHARTERED	in ringiosorou rigoris	B1 Name /	11: 11:00
MACHINATION AVENUE			MAN VIME IA	
	VAL GABLES FL 33134		82 Street Addr	ess (P.O. Box Number is Not Acceptable) AUTHOR
			83	
			84 City// .	2 I 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statute	s, the above-named core	poration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	ithorized by the corporat	constition submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
	A CONTRACTOR OF THE CONTRACTOR	Lations of, dection our local, Flor	ina oratores.	4/10/91
SIGNATURE	Signature, typed or printer name of registered age	ent and title if applicable (NOTE	Registered Agent signature requir	ed when reinstaing) DATE/
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD DAVAD	☐ DELETE	1.1 TITLE	ChangeAddition
NAME	Tessieri, David 934 Michigan Avenue, Suit	T 200	1.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33138	L 000	1.3 STREET ADDRESS	
CITY - ST - ZIP TITLE	MINIMI DESCRITTE GO 160	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	n		2.2 NAME	_ onango _ naonon
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2.4 Dity-St-ZiP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
City - St - ZIP		DELETE	3.4. CITY - ST - ZIP	Change Addition
TITLE		☐ bereie	4.1 TITLE 4.2 NAME	
NAME STREET ADDRESS			4.2 NAME	
CITY - ST - ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-S1-7.P			54 CITY-ST-ZIP	
TIFLE		☐ DELETE	61 TITLE	Change Addition
NAME			62 NAME	
STREE1 ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	by partily that the information associate	od with this filipp does not availd	6.4 CITY-ST-ZiP	in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio	on indicated on this annual report or the indicated on the indicated on the corporation of the corporation o	supplemental annual report is tri r the receiver or trustee empowe	re and accurate and that ared to execute this report	a in Section 119.07(3)(i), Florida Statutes. I further certify that the It my signature shall have the same legal effect as if made under oath; that it 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.				