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Feb 05 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 # P96000053229 (6)

1. Corporation Name
PICTURE PERFECT INTERNATIONAL, INC.



Principal Place of Business
1212 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address
1212 WASHINGTON AVENUE
MIAMI BEACH FL 33139-4614

3. Date Incorporated or Qualified 06/21/1996
3a. Date of Last Report

2. Principal Place of Business
21 1210 WASHINGTON AVE.
26 1210 WASHINGTON AVE.

22 Suite, Apt. #, etc. # 200
27 Suite, Apt. #, etc. # 200.

23 City & State MIAMI-BEACH F.L.
28 City & State MIAMI-BEACH F.L.

24 Zip 33139
25 Country
29 Zip 33139
30 Country

4. FEI Number 65-0675064
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

VEREBAY, LAYNE
190 N.E. 199TH STREET #204
NORTH MIAMI FL 33179

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 607.0507 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]* V. P. 01.30.97
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 PD
NAME GAUMOND, DENIS
STREET ADDRESS 1212 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DELETE

TITLE ST
NAME DEVERCHERE, OLIVER
STREET ADDRESS 1212 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE V, T, S ☒ Change ☒ Addition
12 NAME
13 STREET ADDRESS 1210 WASHINGTON AVE. suite 200
14 CITY-ST-ZIP MIAMI BEACH, FL. 33139

21 TITLE P ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 1210 WASHINGTON AV. suite 200
24 CITY-ST-ZIP MIAMI BEACH 33139.

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: V.P. *[Signature]* P. 01.30.97 674-1011
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)