## FILENOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mort am

Secretary of State

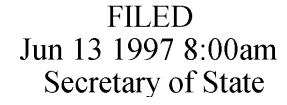
DIVISION OF CORPORATIONS

## DOCUMENT # P9600072107 (1)

THE IMAGE MASTER'S DIGITAL PHOTO STUDIO, INC.

Principal Place of Business

Mailing Address





12839 BW 42ND ST MIAMI FL 33175		12839 SW 42ND ST Miami FL 33175-3433					
					3. Date Incorporated or Qualified 08/29/1996	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	1	Applied For
21		26			65-0690889 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State	·		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip	Counti	ry		Yes 🔲 No	s. 199.032,
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Reg	platered Agent	
	ervo, Herman		8	1 Name			
	40 SW 142ND AVE MI FL 33186		8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
mir.	um 1 £ 00 100		8:	3	A ALAMAN AND AND AND AND AND AND AND AND AND A		
			8-	4 City		FL 85 Zip	Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was	authorized b	ay the cornors	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing I the appointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered agr	ALC:	II. Engistered A	and enopher room	ured when reinstaing)	DATE	
12.		ID DIRECTORS	13.	geni signature requ	ADDITIONS/CHANGES TO OFFIC		DRS IN 12
TITLE €	PD	DELETE	1.1 1110		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	
NAME	CUERVO, HERMAN		1.2 NAME				
STREET ADORESS	10540 SW 142ND AVE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		1.4 CHY-	·S1 - 71P			
TITLE	TO DELETE		2.1 TITLE			☐ Change	Addition
NAME	WOUDHIZEN, LIGIA		2.2 NAMI				
STREET ADDRESS	10540 SW 142ND AVE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		2.4 CHY	- ST - ZIP			
inte 🛒	80	<b>≥</b> DELETE	3.1 TITLE			Change	Addition
NAME	OUERVO, ALBA L		3.2 NAMI	:			
STREET ADDRESS	7601 SW 133RD AVE		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MAMI FL 33183		3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 1 11,6				: Addition
NAME			5.2 NAM	•			
STREET ADDRESS			5.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			5.4 CITY				<u> </u>
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAM	:			
STREET ADDRESS			6.3 STRE	FT ADDRESS			
CITY-SI-ZIP			6.4 CITY	· S1 · 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 er 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.