

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

0234191

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000081465**

1. Corporation Name  
**G & A PROFESSIONAL PHOTO LAB, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUL 26 PM 3:03



Principal Place of Business <b>12460 NORTHEAST 13 PLACE</b> <b>NORTH MIAMI FL 33161</b>	Mailing Address <b>12460 NORTHEAST 13 PLACE</b> <b>NORTH MIAMI FL 33161</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/02/1996</b>	
21 Suite, Apt. #, etc.	26	21 Suite, Apt. #, etc.	26	4. FEI Number <b>65-0699453</b>	Applied For Not Applicable
22 City & State	27	22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28	23 Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country	29	24 Country	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, ALFREDO M**  
**12460 NORTHEAST 13 PLACE**  
**NORTH MIAMI FL 33161**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>300002952763--4</b>
83	<b>-08/06/99-01061-013</b>
84 City	<b>FL 85 Zip Code</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, ALFREDO M</b>	1.2 NAME	
STREET ADDRESS	<b>12460 NORTHEAST 13 PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 305-893-3500

CR2E034 (11/98)

**FULL SERVICE LAB**



13460 NE 15 th Place  
North Miami, FL 33161

Phone: 893-3500  
Fax: 893-2899

E-Mail: GAPHOTO@EMAIL.MSN.COM

TO WHOM IT MAY CONCERN:

JULY 13, 1999

I OLGA DIAZ, TAKE CARE OF THE BOOKEEPING FOR G&A PROFESSIONAL PHOTO LAB. UNFORTUNALLY IN THE PAST SIX MONTH I HAD BEEN INVOLVED WITH MY FATHER'S DEATHLY DESEASE THAT HAS TAKEN ME AWAY FROM KEEPING THE BOOKS IN ORDER AND UP TODATE. ENCLOSE PLEASE FIND A COPY OF THE DEATH CERTIFICATE AND A DOCTOR'S LETTER CONCERNING HIS SICKNESS. I APOLOGIZE FOR NOT SENDING THE REPORT ON TIME. I HOPE YOUR UNDERSTANTING WILL HELP SETTING THIS MATTER.

SINCERELY:

A handwritten signature in black ink, appearing to read 'Olga Diaz', written in a cursive style.

OLGA DIAZ