


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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000030878 (7)
1. Corporation Name
UNIVERSAL PHOTO, INC.

Principal Place of Business
1109 NE 209TH TERR.
N. MIAMI BEACH FL 33179

Mailing Address
1109 NE 209TH TERR.
N. MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 211 Lincoln Road Suite, Apt. #, etc. 22 City & State 23 MIAMI Beach, FL Zip 24 33139		2a. Mailing Address 26 211 Lincoln Rd Suite, Apt. #, etc. 27 City & State 28 MIAMI Beach, FL Zip 29 33139		3. Date Incorporated or Qualified 04/04/1997	
25 Dade		30 Dad		4. FEI Number 65-074-5860	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GREENE, HAROLD A
18301 BISCAYNE BLVD.
NORTH ENTRANCE, 2ND FL.
AVENTURA FL 33160-2166

10. Name and Address of New Registered Agent

81 Name	DORON Feigelman
82 Street Address (P.O. Box Number is Not Acceptable)	211 Lincoln Road
83	
84 City	MIAMI Beach FL
85 Zip Code	33139

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, HAROLD A	1.2 NAME	DORON Feigelman
STREET ADDRESS	18301 BISCAYNE BLVD., N. ENTRANCE, 2ND FL.	1.3 STREET ADDRESS	211 Lincoln Rd
CITY-ST-ZIP	AVENTURA FL 33160-2166	1.4 CITY-ST-ZIP	MIAMI Beach, FL 33139
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	ORIT Feigelman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIGELMAN, DORON	2.2 NAME	Secretary
STREET ADDRESS	1109 NE 209TH TERR.	2.3 STREET ADDRESS	SAME as above
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	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 an address.

SIGNATURE:

01/07/97 305
534-3739

CR2E034 (10/97)