

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

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000045473 (0)**

1. Corporation Name  
**PICTURE PERFECT SPECIALTIES, INC.**



Principal Place of Business: **5161 SOUTHWEST 13TH COURT PLANTATION FL 33317**

Mailing Address: **5161 SOUTHWEST 13TH COURT PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/22/1997**

2. Principal Place of Business: **21420 NW 40 CIR CT**

2a. Mailing Address: **21420 NW 40 CIR CT**

4. FEI Number: **65-0755531**

Applied For:  Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State: **Carol City, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip: **33055** Country: **USA**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name: **Frank J. Puig**

82 Street Address (P.O. Box Number is Not Acceptable): **21420 NW 40**

83

84 City: **Carol City** FL 85 Zip Code: **33055**

11. Pursuant to the provisions of Sections 607.0592 and 607.0594, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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: *Frank J. Puig* **Frank J. Puig President** DATE: **3/16/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>PUIG, FRANK J</b>	
STREET ADDRESS	<b>5161 SOUTHWEST 13TH COURT</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PUIG, SHIREEN S</b>	
STREET ADDRESS	<b>5161 SOUTHWEST 13TH COURT</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE: *Frank J. Puig* **Frank J. Puig** DATE: **3/15/98** PHONE: **3056257635**

CR2E034 (10/97)