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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998DOCUMENT #

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

S29206

(7)

AMERICAN PASSPORT PHOTO AGENCY, INC. Principal Place of Business Mailing Address 102 WEST FLAGLER ST. SUITE 100 STE 100 MIAMI FL 33130 MIAMI FL 33130							DO NOT WRITE IN THIS SPACE			
			U\$				3. Date incorporated or	Qualified		
9 Principal Pl	ace of Business	1 20	. Mailing Address				01/28/1991 4. FEI Number		1	A (1 1 F)
2. 11(1)()()()()()()()()()()()()()()()()()	ace of crosmoss	26	waning radioss				65-0242482		├	Applied For Vol Applicabl
Suite, Apt. #	#, etc.		Suite, Apt. #, etc	 :,						Additional
2	.,	27	, , , , , , , , , , , , , , , , , , , ,				5. Certificate of Status [Desired		Required
City & State	3	28	City & State				6. Election Campaign F Trust Fund Contributi			May Be
Zip	Country		Zip		Country	/	8. This corporation owe			
4	25	29		30	1		Personal Property Ta	•		□ No
	g, Name and Address of Cur	rent Regis	tered Agent				10. Name and Address	of New Register	ed Agent	
	JITE 300 IAMI FL 33143				83 84	City			85 Ziş	Code
SIGNATURE	o the provisions of Sections 607.6 agistered agent, or both, in the St in familiar with, and accept the of							nt for the purposi reby accept the a	e of changing appointment a	its registered is registered
	Signature, typed or printed name of registered					ent signature requ	ired when reinstating)	DAT		
TILE	PDST	AND DIREC	DELETE		13.	—————	ADDITIONS/CHANGES	S TO OFFICERS A	Change	
IAME	WILLIAMS, DONALD C.		[1.2 NAME	1			L. Change	L.J AUGINO
TREET ADDRESS	8405 SW 80TH PLACE				1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL				1.4 CITY- S	1				
ITLE	VO		DELETE		2.1 THLE	<u> </u>			Change	Addilio
IAME	BLOUNT, DAVID N JR.				2.2 NAME					
TREET ADDRESS	5275 SW 99 TERR.			ŀ	2.3 STREET	ADDRESS				
ITY-ST-ZIP	MIAMI FL 33156				2. 4 CITY-	ST-ZIP				
ITLE			☐ DELETE		3.1 TITLE				Change	Additio
AME					32 NAME	1				
TREET ADORESS					3.3 STREET	ADDRESS				
ITY-ST-ZIP				1	3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
ITLE			☐ DELETE		4.1 TITLE				☐ Change	Addition
AME					4. 2 NAME					
TREET ADDRESS				į	4.3 STREET	ADDRESS				
ITY-ST-ZIP					4.4 CITY~S	T- 7/P				

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-7IP

DELETE

DELETE

CIGNATURE: Thomas C. Willams 4/1/08 305-376 0875

CR2E034 (10/97)

Change

Change

Addition

Addition

FILED

Apr 07 1998 8:00am

Secretary of State