

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V10007** (5)

1. Corporation Name
PHOTOLAND U.S.A., INC.



Principal Place of Business

Mailing Address

**391 E FLAGLER ST
MIAMI FL 33131
US**

**261 NW 1ST STREET
4TH FLR
MIAMI FL 33132
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**BEN-FHOAFF, NISSIM
261 NW 1ST STREET
4TH FLR
MIAMI FL 33131**

3. Date Incorporated or Qualified
01/29/1992

3a. Date of Last Report
05/10/1995

4. FEI Number
65-0285795

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0107 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 changes will be authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family with, and accept the obligations of, Section 607.0109, Florida Statutes.

SIGNATURE

12. OFFICER, AND DIRECTOR

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHOAFF, NISSIM BEN	
STREET ADDRESS	1390 CLEVELAND RD	
CITY, ST, ZIP	MIAMI BEACH FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY, ST, ZIP	
5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 NAME	
7 STREET ADDRESS	
8 CITY, ST, ZIP	
9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	

14. I do hereby certify that the information supplied to the Department of State is true and correct, and does not qualify for the exemption stated in Section 118.01(3)(b), Florida Statutes. I further certify that the information made available to the public is true and correct, 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 for the year for which I am required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I have not been convicted of a crime within the last 5 years.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26 1996 305 381 8103

CR2E034 (12/95)