

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V28538** (9)

1. Corporation Name  
**WAX PHOTOGRAPHICS, INC.**



Principal Place of Business

350 LINCOLN ROAD  
STE. #510  
MIAMI BEACH FL 33139  
US

Mailing Address

350 LINCOLN RD., #510  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

2a. Mailing Address

State: **FL**

State: **FL**

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**WAX, WILLIAM E.  
350 LINCOLN RD., #510  
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified <b>04/14/1992</b>	3a. Date of Last Report <b>08/11/1995</b>
4. FEI Number <b>65-0326495</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0607 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																
<table border="1"> <tr> <td>1. TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>2. NAME</td> <td></td> </tr> <tr> <td>3. STREET ADDRESS</td> <td></td> </tr> <tr> <td>4. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>5. TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>6. NAME</td> <td></td> </tr> <tr> <td>7. STREET ADDRESS</td> <td></td> </tr> <tr> <td>8. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>9. TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>10. NAME</td> <td></td> </tr> <tr> <td>11. STREET ADDRESS</td> <td></td> </tr> <tr> <td>12. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>13. TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>14. NAME</td> <td></td> </tr> <tr> <td>15. STREET ADDRESS</td> <td></td> </tr> <tr> <td>16. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>17. TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>18. NAME</td> <td></td> </tr> <tr> <td>19. STREET ADDRESS</td> <td></td> </tr> <tr> <td>20. CITY-STATE-ZIP</td> <td></td> </tr> </table>	1. TITLE	<input type="checkbox"/> DELETE	2. NAME		3. STREET ADDRESS		4. CITY-STATE-ZIP		5. TITLE	<input type="checkbox"/> DELETE	6. NAME		7. STREET ADDRESS		8. CITY-STATE-ZIP		9. TITLE	<input type="checkbox"/> DELETE	10. NAME		11. STREET ADDRESS		12. CITY-STATE-ZIP		13. TITLE	<input type="checkbox"/> DELETE	14. NAME		15. STREET ADDRESS		16. CITY-STATE-ZIP		17. TITLE	<input type="checkbox"/> DELETE	18. NAME		19. STREET ADDRESS		20. CITY-STATE-ZIP		<table border="1"> <tr> <td>1. TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2. NAME</td> <td></td> </tr> <tr> <td>3. STREET ADDRESS</td> <td></td> </tr> <tr> <td>4. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>5. TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6. NAME</td> <td></td> </tr> <tr> <td>7. STREET ADDRESS</td> <td></td> </tr> <tr> <td>8. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>9. TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>10. NAME</td> <td></td> </tr> <tr> <td>11. STREET ADDRESS</td> <td></td> </tr> <tr> <td>12. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>13. TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>14. NAME</td> <td></td> </tr> <tr> <td>15. STREET ADDRESS</td> <td></td> </tr> <tr> <td>16. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>17. TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>18. NAME</td> <td></td> </tr> <tr> <td>19. STREET ADDRESS</td> <td></td> </tr> <tr> <td>20. CITY-STATE-ZIP</td> <td></td> </tr> </table>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME		3. STREET ADDRESS		4. CITY-STATE-ZIP		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6. NAME		7. STREET ADDRESS		8. CITY-STATE-ZIP		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	10. NAME		11. STREET ADDRESS		12. CITY-STATE-ZIP		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	14. NAME		15. STREET ADDRESS		16. CITY-STATE-ZIP		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	18. NAME		19. STREET ADDRESS		20. CITY-STATE-ZIP	
1. TITLE	<input type="checkbox"/> DELETE																																																																																
2. NAME																																																																																	
3. STREET ADDRESS																																																																																	
4. CITY-STATE-ZIP																																																																																	
5. TITLE	<input type="checkbox"/> DELETE																																																																																
6. NAME																																																																																	
7. STREET ADDRESS																																																																																	
8. CITY-STATE-ZIP																																																																																	
9. TITLE	<input type="checkbox"/> DELETE																																																																																
10. NAME																																																																																	
11. STREET ADDRESS																																																																																	
12. CITY-STATE-ZIP																																																																																	
13. TITLE	<input type="checkbox"/> DELETE																																																																																
14. NAME																																																																																	
15. STREET ADDRESS																																																																																	
16. CITY-STATE-ZIP																																																																																	
17. TITLE	<input type="checkbox"/> DELETE																																																																																
18. NAME																																																																																	
19. STREET ADDRESS																																																																																	
20. CITY-STATE-ZIP																																																																																	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																
2. NAME																																																																																	
3. STREET ADDRESS																																																																																	
4. CITY-STATE-ZIP																																																																																	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																
6. NAME																																																																																	
7. STREET ADDRESS																																																																																	
8. CITY-STATE-ZIP																																																																																	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																
10. NAME																																																																																	
11. STREET ADDRESS																																																																																	
12. CITY-STATE-ZIP																																																																																	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																
14. NAME																																																																																	
15. STREET ADDRESS																																																																																	
16. CITY-STATE-ZIP																																																																																	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																
18. NAME																																																																																	
19. STREET ADDRESS																																																																																	
20. CITY-STATE-ZIP																																																																																	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation. 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 of changes to officers and directors with an address.

SIGNATURE:

*See Wax*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 (305) 671-9512

CR2E034 (12/95)