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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F02532

(2)

VIDEO A	and audio promotions, (	CORPORATION				
Principal Place C/O ANDRES I 13030 SW 4TH MIAMI FL 3318	Lopez I street	Mailing Address C/O ANDRES LOPEZ 13030 SW 4TH STREET MIAMI FL 33164-1212				
					3. Date Incorporated or Qualified 10/21/1980	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2177312	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		<del></del>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30		8. This corporation has liability for	
	9. Name and Address of Current		1901		10. Name and Address of New Re	=
DEL	VALLE, JUAN M. LEON	**************************************	81	Name		
	30 SW 4TH STREET MI FL 33184		82	Street Addr	ess (P.O. Box Number is Not Acceptat	le)
		•	83			
			84	City		FL 85 Zip Code
11. Pursuarit to office or reagent. Las SIGNATURE.	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	and 607.1508, Florida Statu of Florida. Such change was nons of, Section 607.0505, F	ites, the above authorized by lorida Statutes	-named corp the corporati	oration submits this statement for the p on's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
	Signature, typed or printed name of registered agent		TE Registered Age	nt signature require		DATE
12.	OFFICERS AND	DELETE	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	
TITLE	DE LEON, ELSA C	L. DELETE	1.1 TITLE			Change Addition
NAME ONOSEL ADOSESOS	13030 S W 4 ST		1.2 NAME	1000500		
STREET ADORESS CITY-ST-ZIP	MIAMI, FL 00000		1.3 STREET	ŀ		
TITLE	DV	DELETE	1.4 CITY - ST 2.1 TITLE	1-211		Change Addition
NAME	LEON DEL VALLE, JUAN M		2.2 NAME			
STREET ADDRESS	13030 S W 4 ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000		2. 4 CITY-S	37-ZIP		
TITLE	\$	DELETE	3.1 TITLE			☐ Change ☐ Addition
_MAME	LEON, JOHN M		3.2 NAME			
STREET ADDRESS	13030 S W 4 ST		3.3 STREET	ADDRESS		
CHY-ST-7IP	MIAMI, FL 00000		3.4. CITY-S	T-ZIP		·
TH*LE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
Criy - S1 - ZiP		DELETE	4.4 CtTY - \$1	T-ZIP		Change Addition
TITLE		ביין טבננונ	5.1 TITLE			change Addition
NAME PROFES ADDOSES			5.2 NAME	1000000		
STREET ADDRESS			5.3 STREET			
CITY-S1-ZIP TITLE		DELETE	5.4 CITY-ST 6.1 TITLE	1-211		Change Addition
NAME.		had Victoria	6.2 NAME			E vindigo
STREET ADDRESS			6.3 STREET	ADORESS		
Pify CL 7IP			CAPITY CI			

14. I do 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 of 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:

ATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

197- 3W-553-N Daytime Phone #

**FILED** 

Apr 17 1997 8:00am

Secretary of State