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

FILED
Feb 06 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 # K18337 (1)

1. Corporation Name
AUDIO VIDEO CARIBE, INC.

Principal Place of Business
1424 NW 82 AVE
MIAMI FL 33126
US

Mailing Address
1424 NW 82 AVE
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1988

2. Principal Place of Business
21 8550 N.W. 70th St
22 Suite, Apt. #, etc.
23 City & State: Miami, Florida
24 Zip: 33166
25 Country: U.S.A.

2a. Mailing Address
26 8550 N.W. 70th St.
27 Suite, Apt. #, etc.
28 City & State: Miami, Florida
29 Zip: 33166
30 Country: U.S.A.

4. FEI Number: 65-0066375 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FENTE, MANUEL F.
110 BRICKELL AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: JAMES V. ALBO
82 Street Address (P.O. Box Number is Not Acceptable): 2020 N.E. 163rd Street, Suite 300
83 North Miami Beach, FL 33162
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 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: _____ 1/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HERNANDEZ, ARNALDO C.	
STREET ADDRESS	15582 SW 137TH PLACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	☐ DELETE
NAME	HERNANDEZ, ARNALDO J.	
STREET ADDRESS	15582 SW 137 PL	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	☐ Change ☒ Addition
1.2 NAME	HERNANDEZ, ARNALDO C.	
1.3 STREET ADDRESS	15582 S.W. 137th PLACE	
1.4 CITY-ST-ZIP	MIAMI, FL 33177	
2.1 TITLE	TREASURER	☐ Change ☒ Addition
2.2 NAME	HERNANDEZ, ARNALDO J.	
2.3 STREET ADDRESS	15582 S.W. 137th PLACE	
2.4 CITY-ST-ZIP	MIAMI, FL. 33177	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 on an attachment with an address.

SIGNATURE: _____ 1/27/98 (305) 717-0502

CR2E034 (10/97)