2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90130 004 ***150.00

DOCUMENT # K18337

1. Entity Name

AUDIO VIDEO CARIBE, INC

Principal Place of Business	Mailing Address
7640 N.W. 25TH STREET UNIT #113 MIAMI, FLORIDA 33122	7640 N.W. 25TH STREET UNIT #113 MIAMI, FLORIDA 33122

2. Principal Place of Business	3. Mailing Address
7640 N.W. 25 STREET	7640 N.W. 25 STREET
Suite, Apt. #, etc.: #113	Suite, Apt. #, etc.: #113
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33122 Country: USA	Zip: 33122 Country: USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0066375 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNALDO HERNANDEZ 10739 N.W. 70 LANE MIAMI, FLORIDA 33178	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ Date
(Signature, typed or printed name of registered agent and title if applicable) (Required: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution [ ] $5.00 Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES (CORRECTIONS AND DELETIONS)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HERNANDEZ, ARNALDO C. 15582 S.W. 137TH PLACE MIAMI, FLORIDA 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HERNANDEZ, ARNALDO J. 10739 N.W. 70 LANE MIAMI, FLORIDA 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date