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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M35166 1. Corporation Name

AMERICAN VIDEO & T.V. SERVICE, INC.

•	*					
Principal Place of Business Mailing Address				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7412 SW 48 ST. 7412 SW 48 ST.						
MIAMI FL 33155 MIAMI FL 33155			DO NOT WRITE IN TH	IIS SPACE		
				3. Date incorporated or Qualifed		
	,			07/14/1986		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applie	ed For
2. Principal Flace of Business			59-2697596	Not A	pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Add	litional	
27			5. Certificate of Status Desired	Fee Requ	ired	
City & State City & State			6. Election Campaign Financing	\$5.00 -ме	*	
23	24 (12 32)	28		Trust Fund Contribution	Added to F	ees ·
Zip	Country	Zip	Country	8. This corporation owes the current year		No
24	25	29	30	Personal Property Tax.		NO
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	au Agent	
ECC	ANDELL, IGNACIO		61 Name			
7412 SW 48 ST.			82 Street	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33155			83	<u>また。次年(大川県市) よみまり、乗り上巻)</u> よりまります。ここには、17世代よるは年齢1	* * * * * * * * * * * * * * * * * * *	1820 35
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	,		84 City	F	85 Zip Cod	de" "et
76	10 500 007 007	2 and 607 1509 Elevide Statute	s the shove-named	corporation submits this statement for the purpose	of changing its re	gistered
` - £C'	registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such channe was all	INORIZAD DV IDE CULU	oration's board of directors. I hereby accept the ap	pointment as regis	tered
SIGNATURE		MOTE:	Registered Agent signature r	popured when reinstating) DATE		—
42	Signature, typed or printed name of registered agen	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 12
12.	DP OFFICERS AN	☐ DELETE	1.1 TITLE		Change	Addition
	ESCANDELL IGNACIO		1.2 NAME	·		
NAME	TAR OW ANTIL OT		1.3 STREET ADDRESS			1
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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 or an attachment with an oddress, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90054 013 ***150.00