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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE Sandra E. Scharf Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000029031 (9)

1. Corporation Name UNITED VIDEO CAMERA, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 261 E. FLAGLER ST. MIAMI FL 33131 Mailing Address 261 E. FLAGLER ST. MIAMI FL 33131

3. Date Incorporated or Qualified 04/15/1994 3a. Date of Last Report

2. Principal Place of Business 21, 22, 23, 24, 25, 26, 27, 28, 29, 30. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 65-0491746 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOTTLIEB, KENNETH A 125 N. 46TH AVE. HOLLYWOOD FL 33021

B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D MEAIR, JUDY NAME STREET ADDRESS 125 N. 46TH AVE. CITY-ST-ZIP HOLLYWOOD FL 33021

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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 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: Judy Meair - Judy Meair

3/25/95

305/ 377-8308