

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000066255 (7)**

1. Corporation Name

BTO T.V. CORPORATION



Principal Place of Business

Mailing Address

**% SANDLER TRAVIS & ROSENBERG, P.A.
5200 BLUE LAGOON DR. SUITE 600
MIAMI FL 33126**

**% SANDLER TRAVIS & ROSENBERG, P.A.
5200 BLUE LAGOON DR. SUITE 600
MIAMI FL 33126**

3. Date Incorporated or Qualified

08/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

65-0607842

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

☒ No

9. Name and Address of Current Registered Agent

**CORPORATE CORPORATE SERVICES INC
5200 BLUE LAGOON DR.
SUITE 600
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

(Print or type name of registered agent and title, if applicable)

(Note: Registered Agent's signature required when first stated)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CAPENTER, JUAN P
% 5200 BLUE LAGOON DR, #600
MIAMI FL 33126**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BARZELAZO, OSVALDO J
% 5200 BLUE LAGOON DR, #600
MIAMI FL 33126**

☐ DELETE

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

☐ Change

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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:

(Print or type name of signing officer or director)

JUAN PABLO CARPENTER

4/29/96 (305) 856-0135

Date

Daytime Phone #

CR2E034 (12/95)