

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S49677 (5)**

1. Corporation Name
A. AUDIO VIDEO GALLERY INC.



Principal Place of Business: **8000 NW 31 ST BAY 5 MIAMI FL 33122 US**
Mailing Address: **8000 NW 31 ST BAY 5 MIAMI FL 33122 US**

3. Date Incorporated or Qualified: **04/29/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0291045**
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

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

9. Name and Address of Current Registered Agent
**HOLLINGSWORTH, CONNIE
8000 NW 31ST STREET BAY #1
BAY #3
MIAMI FL 33122**

10. Name and Address of New Registered Agent (81-85)
81 Name: **Mauricio del Corral**
82 Street Address (P.O. Box Number is Not Acceptable): **8000 NW 31 ST**
83 **Bay 1**
84 City: **Miami** FL 85 Zip Code: **33122**

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: *Mauricio del Corral* (Signature) **Mauricio del Corral** (Typed Name) **Jan 16/96** (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CORRAL, MAURICIO	12. NAME	
STREET ADDRESS	8000 NW 31ST STREET	13. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CORRAL, CARMEN A.	22. NAME	
STREET ADDRESS	8000 NW 31ST STREET	23. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	54. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	64. CITY-STATE-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. (If changed, include old and new addresses.)

SIGNATURE: *Mauricio del Corral* (Signature) **Mauricio del Corral** (Typed Name) **Jan 16/96** (Date) **305-477-9625** (Phone)

CR2E034 (12/95)