

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

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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F02532 (2)

1. Corporation Name

VIDEO AND AUDIO PROMOTIONS, CORPORATION

Principal Place of Business

C/O ANDRES LOPEZ
13030 SW 4TH STREET
MIAMI FL 33184

Mailing Address

C/O ANDRES LOPEZ
13030 SW 4TH STREET
MIAMI FL 33184-1212



3. Date Incorporated or Qualified 10/21/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2177312	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	

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

9. Name and Address of Current Registered Agent

DEL VALLE, JUAN M. LEON
13030 SW 4TH STREET
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DE LEON, ELSA C	1.2 NAME	
STREET ADDRESS	13030 S W 4 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEON DEL VALLE, JUAN M	2.2 NAME	
STREET ADDRESS	13030 S W 4 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	2.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEON, JOHN M	3.2 NAME	
STREET ADDRESS	13030 S W 4 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(JUAN M. LEON DEL VALLE) - 04/20/97 - 305-553-1573

CR2E034 (9/96)