

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:17

DOCUMENT # 561225 (4)

1. Corporation Name

BROADCAST QUALITY, INC.

Principal Place of Business

5701 SUNSET DR., #316
THE BAKERY CENTRE
SOUTH MIAMI FL 33143

Mailing Address

5701 SUNSET DR., #316
THE BAKERY CENTRE
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/03/1978
3a. Date of Last Report 02/14/1994

4. FEI Number 59-1600937
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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

UDEL-SHAPIRO, DIANA
3619 BAYVIEW ROAD
COCONUT GROVE
CORAL GABLES FL 33133

10. Name and Address of New Registered Agent

81 Name Diana Udel
82 Street Address (P.O. Box Number is Not Acceptable) 717 Valencia St. #5
83 Coral Gables
84 City
85 Zip Code FL 33134

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

Diana Udel

1/19/95

(Signature of officer or director of corporation or registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SOCHET, IRA
STREET ADDRESS	5701 SUNSET DR #316
CITY - ST - ZIP	S MIAMI, FL 00000
TITLE	SVD
NAME	MASSA, MICHAEL
STREET ADDRESS	5701 SUNSET DR #316
CITY - ST - ZIP	S MIAMI, FL 00000
TITLE	PD
NAME	UDEL, DIANA
STREET ADDRESS	5701 SUNSET DR #316
CITY - ST - ZIP	S MIAMI, FL 00000
TITLE	TVD
NAME	HUGHES, ROY
STREET ADDRESS	5701 SUNSET DR #316
CITY - ST - ZIP	S MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 110.07(3)(b), 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 or on an attachment with an address.

SIGNATURE:

Diana Udel

1/19/95 (305) 665-2116

(PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Typed Name)