PROFIT CORPORATION ANNUAL REPOBLE  1996		FLORIDA DEPARTMENT OF STATE  Sandra B. Moritann		first to find the	
		Secretary DIVISION OF CO		95 HAR 20 PH 2: 23	
DOCUMENT # F67423 (6) 1. Corporation Name			SECULTATION STATE OF LARASSET FLORIDA		
EVENTO	OS EN TELEVIDEO, INC.			* 10011110 1010 Barri 19811 81808 11888 11	
Principal Place of Business Mailing Address				1 24 3 4 4 5 4 1 1 5 4 1 1 7 4 6 1 5 4 1 5 6 1 1 5 6 1 1 1 5 6 1 1	
2975 S.W. 23RD ST. 2975 S.W. 23RD ST. MIAMI FL 33145 MIAMI FL 33145					
				3. Date Incorporated or Qualified 3 02/04/1982	3a. Date of Last Report 06/13/1995
2. Principal Plac		2a. Mailing Address		4. FEI Number	Applied For
Suite Apt. #	NE 29th St.	26 710 NE	29th St	59-2297578  5. Certificate of Status Desired	\$8.75 Additional
City & State	· C	27 3 - C. City & State		Certificate of Status Desired     Election Campaign Financing	Fee Required  \$5.00 May Be
	4m1 - FL-	28 MIAMI	- FL-	Trust Fund Contribution	Added to Fees
Zip 相 33し	37 25 Country		Country 0	8. This corporation has liability for inta Florida Statutes Yes [	INO FE 36 35
	9. Name and Address of Curren	t Registered Agent	81 Name ~	10. Name and Address of New Reg	UERO
SAJNIN,	ISIDORO		82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
2975 SW MIAMI FI	/ 23RD STREET		83	ONE 294 St- #	4-A
MIAMI FI	L 33143		84 City	niAm i	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,		position a dumito this statement for the number	FL 33/37 se of changing its registered office
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such bhange was authorized jon 607,0505. Florida Statutes.	by the corporation's b	poration such miss this statement for the pulpo- pard of directors. I horeby accept the appoint	rment as registered agent. I am
SIGNATURE _	Signature, typed or seried name of registered agent	and title if applicable. (NO16:	Registered Agent signature req		DATE
12.	OFFICERS AN	D DIRECTORS  DELETE	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFFICE	
NAME	RIVERO, JOSE R		1.2 NAME	Applied \$16375 or	erpaintent
STREET ADDRESS CITY-ST-ZIP	710 NE 29 ST. 4-A MIAMI FL 33137		1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP	youard \$300,00 del	. to Lile this
TITLE	SD	☐ DELETÉ	2 1 TITLE	AP YGONOLONE, YAL	ere alter a Addition
NAME STREET ADDRESS	RIVERO, MARGOT R 710 NE 29 ST. 4-A		2.2 NAME 2.3 STREET ADDRESS	palarer due of	\$36.25 to file
CITY-ST-ZIP	MIAMI FL 33137	☐ DELETE	2.4 CHY-S1-ZIP	ANIS 16 AL YU	13/12/96 Addition
TITLE NAME	VD: RIVERO, JOSE R.		3.2 NAME	Flina Fe	ec: \$a∞
STREET ADDRESS	710 NE 29TH ST., 4-A MIAMI FL		3.3. STREET ADDRESS 3.4 City-St-Zip	Fling Fe less \$163,05 c	redit: \$ 163.75
CITY-ST-ZIP TITLE	SD	☐ DELETE	4 1 TITLE	Galanoe	Change Addition
NAME STREET ADDRESS	RIVERO, MARGOT 710 NE 29TH ST.		4.2 NAME 4.3 STREET ADDRESS	Cu	B: \$ 8,75
CITY-ST-ZIP	MIAMI FL		4.4 CITY - ST - ZIP		01751740
TITLE NAME		☐ DELE1€	5. 1 TITLE 5.2 NAME	-03/21/\ *****36	36 <b>418660</b> 09dition 6.25 *****36.25
STREET ADDRESS			5.3 \$TREET ADDRESS	8.0	
CITY-ST-ZIP TITLE		DELE1E	5.4 CITY-ST-ZIP 6. 1 TITLE	V, D, D	Change Addition
NAME			6.2 NAME		)01751740   9601006004
STREET ADDRESS	٢		63 STREET ADDRESS 64 City-St-Zip	*****	8.75 ******8.75
**************************************			040111-31-211		
CITY-ST-ZIP			ned and does not quali	fy for the exemption stated in Section 119.07 curate and that my signature shall have the sa	
CITY-ST-ZIP  14. I do hereb certify that path; that		iua! report or supplemental annua oration or the receiver or trustee 6	ied and does not quali report is true and acc empowered to execute s.	ly for the exemption stated in Section 119.07 curate and that my signature shall have the satisfies report as required by Chapter 607, Flori	ida Statutes; and that my name

appears in Block 12 or Block 13 if channed, or on an attachment with an address.

SIGNATURE:

JOSE R. RIVERS

3/8/96 (305) 573 - 0330

Dayline Phone #