

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H97525** (0)

1. Corporation Name

TROPICAL VIDEO PRODUCTIONS, INC.



Principal Place of Business
**3737 NW 7TH STREET
MIAMI FL 33126**

Mailing Address
**3737 NW 7TH STREET
MIAMI FL 33126**

3. Date Incorporated or Qualified **02/04/1986** 3a. Date of Last Report **05/18/1995**

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 30

4. FEI Number **59-2651786** 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

**FEUER, JACK W.
12732 SW 116 TERRACE
MIAMI FL**

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

Signature typed or printed name of registered agent and, if applicable, the officer or director who authorized the change.

(If "FEI" Registered Agent is graduate required when reinstating)

Date

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **REDSTONE, ROBERT M.**
STREET ADDRESS **11705 SW 135 PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VSD**
NAME **FEUER, JACK W.**
STREET ADDRESS **12732 SW 116 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D**
NAME **HAVENICK, BARBARA**
STREET ADDRESS **401 NW 38TH COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **D**
NAME **AMOUR, ISABELLE**
STREET ADDRESS **410 NW 38TH COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **D**
NAME **HECHT, FLORENCE**
STREET ADDRESS **401 NW 38TH COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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 617, 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

PRESIDENT/DIRECTOR 08-07-96 305-541-5511

Date

Daytime Phone #

CR2E034 (3/96)