

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # J65292 (1)

1. Corporation Name
ROTELLA VIDEO MUSIC, INC.

Principal Place of Business Mailing Address
**% MIGUEL ROTELLA
645 CURTISS DRIVE
OPA-LOCKA FL 33054**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/01/1987	03/03/1994
22 State, Apt #, etc		27 State, Apt #, etc		4. FEI Number	Applied For
23 City & State		28 City & State		59-2812860	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROTELLA, MIGUEL 645 CURTISS DRIVE OPA-LOCKA FL 33054				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required after registration)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ROTELLA, MIGUEL A.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	645 CURTISS DRIVE	12 NAME	
STREET ADDRESS	OPA-LOCKA FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	ALVAREZ, ADA B.	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6029 S.W. 133 COURT	22 NAME	
STREET ADDRESS	MIAMI FL	23 STREET ADDRESS	3334 S.W. 111 Ct Miami, FL 33165
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 Sections 119.07(3)(b), Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report as 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in the attachment with an address.

SIGNATURE: *Miguel Rotella* 7/14/95 (105)-105-7622
DATE: _____

CR2E034 (3/95)