

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J65292** (1)

1. Corporation Name  
**ROTELLA VIDEO MUSIC, INC.**



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

3. Date Incorporated or Qualified: **04/01/1987**  
3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2812860</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Country	30. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>ROTELLA, MIGUEL, 645 CURTISS DRIVE, OPA-LOCKA FL 33054</b>	81. Name: <i>Rotella Olga</i>
	82. Street Address (P.O. Box Number is Not Acceptable): <i>645 Curtiss Drive</i>
	83. City: <i>Opalocka</i>
	84. City: <i>Opalocka</i> FL 85. Zip Code: <i>33054</i>

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: *Olga Rotella* *Olga Rotella* (NOTE: Registered Agent Signature required when not filing) **4/2/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>ROT ROTELLA, MIGUEL A.</b>	1.2 NAME	
	<b>645 CURTISS DRIVE</b>	1.3 STREET ADDRESS	<i>ROT Rotella Olga, 645 Curtiss Drive, Opalocka, FL</i>
	<b>OPA-LOCKA FL</b>	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>D ALVAREZ, ADA B.</b>	2.2 NAME	
	<b>334 SW 111 CT</b>	2.3 STREET ADDRESS	
	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<b>200001781422</b>
		4.3 STREET ADDRESS	<b>-04/16/96--01016--012</b>
		4.4 CITY - ST - ZIP	<b>***200.00</b>
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Olga Rotella* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)