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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90123 040 ***150.00

DOCUMENT #	165202
DOCUMENT II	ししひとさと

Corporation Name

	.a video mi	USIC, INC.									
Principal Plac	ce of Business		Mailing A	Address			-		JI 01817 6182) 0181) 611	HI DIBN BIDH HIDH	
% MIGUEL ROTELLA 645 CURTISS DRIVE % MIGUEL ROTELLA 645 CURTISS DRIVE											
OPA-LOCKA F	L 33054		OPA-LOC	KA FL 33054				DO NOT WRITE I	N THIS SPACE		_
								3. Date Incorporated or Qualifed 04/01/1987			
2. Principal F	Place of Busines	5	2a. Mailir	ng Address				4. FEI Number		Applied For	1
Suite, Apt. #, etc.			26	26				59-2812860		Not Applicable	1
			Suite	Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional	
22 -			27			-	~	C. Schlicke of States Boomes _ L	Fee.	Required	_ ~
City & State			28 City 8	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Country	Zip		Cour	try	ĺ	8. This corporation owes the current y	ear Intangible		7
24	25		29	29 30		,		Personal Property Tax.	Yes	□No	
	9. Name an	d Address of Curre	ent Registered	Agent		<u> </u>		10. Name and Address of New Regis	stered Agent		1
ROT	TELLA, LOGA				Ì	81 Name					
	CURTIS DRIV	Æ			Ī	B2 Street	Address	s (P.O. Box Number is Not Acceptable)			1
	-LOCKA FL 3								•••		4
						B3			•		
						84 City			FL 85 Zij	o Code	1
11. Pursuant	to the provisions	s of Sections 607.05	02 and 607 150	8 Florida Statut	es the ah	nve-named	cornora	ition submits this statement for the purp		te registered	┨
office or i	registered agent,	or both, in the State	e of Florida. Suc	ch change was a	uthorized	by the corpo	oration's	s board of directors. I hereby accept the	appointment as	registered	
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and accept the cong	ations of, oddic	311 001.0000, 1 IQ	noa Statu	.c.s.		. -			
	Signature, typed or pi	inted name of registered ag	ent and title if applical								1
12.			· · · · · · · · · · · · · · · · · · ·		: Registered A	gent signature r	required wh		ATE		Ji
	DOT	OFFICERS A	NO DIRECTOR	S	13.		required wh	nen reinstating) D ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

NO TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fe1 \$ 198

Bayline Phone #

;R2E034 (11/98)