

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

FILED  
Aug 19 1996 8:00 am  
Secretary of State

DOCUMENT # J77906 (2)

1. Corporation Name

VIDEOTRON INCORPORATED

Principal Place of Business

Mailing Address

10420 S.W. 143 AVE.  
MIAMI FL 33186

10420 S.W. 143 AVE.  
MIAMI FL 33186



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/16/1987

3a. Date of Last Report

06/22/1995

4. FEI Number

59-2815272

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

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 of Principal Officer or Registered Agent, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME LEE, GEORGE Y.W.  
STREET ADDRESS 10420 S.W. 143 AVE.  
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

V  
NAME LEE, WILLIAM  
STREET ADDRESS PONTON 68G,  
CITY - ST - ZIP ARUBA, DUTCH, W.IND.

TITLE ☐ DELETE

T  
NAME LEE, BARBARA  
STREET ADDRESS 10420 SW 143 AVE  
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

S  
NAME LEE, ELEANOR  
STREET ADDRESS PONTON 68G  
CITY - ST - ZIP O'STAD, ARUBA

TITLE ☐ DELETE

D  
NAME LEE, NEIL  
STREET ADDRESS LOD VAN NASSAUSTR 8  
CITY - ST - ZIP SAN NICOLAS, ARUBA

TITLE ☐ DELETE

AS  
NAME WONG, ANNA  
STREET ADDRESS LAGOEN, WEG 15  
CITY - ST - ZIP O'STAD, ARUBA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

400001925494  
-08/19/96--01028--022  
\*\*\*375.00

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

GEORGE LEE

8-9-96 (305) 387-7646

CR2E034 (3/96)