

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **J77906**

(2)

1. Corporation Name
VIDEOTRON INCORPORATED

Principal Place of Business
10420 S.W. 143 AVE.
MIAMI FL 33186

Mailing Address
10420 S.W. 143 AVE.
MIAMI FL 33186

FILED

98 NOV -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1987

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STEWART, DONNARAE
13350 SW 1285T
PARK PLACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name **RAFAEL PEREZ**
82 Street Address (P.O. Box Number is Not Acceptable)
2552 N. STATE RD 7
83 **10420 SW 143 AVE**
84 City **Hollywood Miami** FL 85 Zip Code **33186**

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 **GEORGE LEE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

10-27-98

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VP Wong, ANNA.**
2.3 STREET ADDRESS **LAGOEN, WEG 15**
2.4 CITY-ST-ZIP **O'STAD, ARUBA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

800002682648-3
-11/06/98-01094-010
*****1100.00 ***550.00**

B 11/4/98 An

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.

SIGNATURE:

SIGNATURE REQUIRED

9-23-98 (205) 387-7646

0054245

CR2E034 (5/98)