

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Murphree Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K77051 (6)

1. Corporation Name
WORLD VIDEO PROJECTS, INCORPORATED

**APPROVED
 AND
 FILED**

95 MAY -1 AM 2:10

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

Principal Place of Business	Mailing Address
2250 SW 3RD AVE. STE 205 MIAMI FL 33129-2064 US	2250 SW 3RD AVE STE 205 MIAMI FL 33129-2064 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7820 SW 112th Street Suite, Apt. #, etc.	26 7820 SW 112th Street Suite, Apt. #, etc.
22 City & State 23 Miami, FL 33156-3719	27 City & State 28 Miami, FL 33156-3719
24 Zip 33156-3719	25 Country USA
29 Zip 33156-3719	30 Country USA

3. Date Incorporated or Qualified 03/27/1989	3a. Date of Last Report 06/03/1994
4. FEI Number 65-0194939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NUDELMAN, BERNARD
7820 S.W. 112TH ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	BEASLEY, J.R.
STREET ADDRESS	4740 S.W. 83RD AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	DP
NAME	NUDELMAN, BERNARD
STREET ADDRESS	7820 S.W. 112TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	ST
NAME	WEINTRAUB, ALBERT
STREET ADDRESS	2250 S W 3RD AVE / STE 500
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 Section 110.07(3)(b), 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 do not in agreement with an address.

SIGNATURE **J.R. BEASLEY, VICE PRESIDENT** APRIL 21, 1995 305/232-6955
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District/Phone #