


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																																																	
<b>DOCUMENT # L12438 (2)</b> 1. Corporation Name <b>VIDEO VISION DUPLICATIONS, INC.</b>																																																																																																																																																																																					
Principal Place of Business <b>7408 SW 48ST 7454 SW 48TH ST MIAMI FL 33155 US</b>			Mailing Address <b>7408 SW 48 ST 7454 SW 48TH ST MIAMI FL 33155-4469 US</b>																																																																																																																																																																																		
2. Principal Place of Business 21 <b>4993 SW 74TH CT</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI, Florida</b> Zip Country 24 <b>33155 US</b>		2a. Mailing Address 26 <b>4993 SW 74TH CT.</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, Florida</b> Zip Country 29 <b>33155 U.S.</b>		3. Date Incorporated or Qualified <b>08/28/1989</b> 3a. Date of Last Report <b>04/19/1996</b> 4. FEI Number <b>65-0144296</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																	
9. Name and Address of Current Registered Agent <b>RUIZ DE CASTILLA, CHARLES 6481 SW 74TH ST S MIAMI FL 33143</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																																																					
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14. I do 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: <u>CHARLES RUIZ DE CASTILLA</u> 4/11/97 (305) 466-1799 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																																																					

CR2E034 (9/96)