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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation I	MENT # L2059 UN VIDEO, INC.	0 (0)			† 1881/2011 BIT (LBH: \$100) \$100 1810	. Odik bilih bilih bidik bidik bilih bidik bidik bidik	
Division Black	of Divisions	Maling Address					
Principal Place of							
15022 NE 6TH AVE N MAMI FL 33161		15022 NE 6TH AVE N MIAMI FL 33161					
					3. Date incorporated or Qualified	3a. Date of Last Report	
					10/03/1989	04/11/1995	
		2a. Mailing Address	range in the control of the control		4. FEI Number 65-0149326	Applied For Not Applicable	
Suite Ant #, etc.		Suite Apt. #, etc			\$8.75 Additional		
22		27	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
23 Zuo	Country	28	Countr		8. This corporation has liability for	Added to Fees	
Ζ(ρ 24	25	29	1		Florida Statutes 🔲 Yes 💢 No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered Agent	
			8	1 Name			
	/, GRACIANO B		8:	Street Addr	ress (P.O. Box Number is Not Acceptab	(ek	
15022 NE 6TH AVE			8	3			
n Miami	FL 33161					[an] 7. O. I.	
			8-	'	ration submits this statement for the pured of directors. Thereby accept the app	FL 85 Zip Code	
SIGNATURE.	Samar will falled or provided able of registers ballo OFFICERS AN	ND DIRECTORS	(NOTE: Forgetime: A)	til sojk al dis teap He	atwife (restabling) ADDITIONS/CHANGES TO OFF		
TITLE	DP DELETE		1 1 TifU			Change 🔲 Addition	
NAME	DALISAY, GRACIANO B.		1.2 NAM	l			
STREET ADDRESS	SOLE HE OIL ALE		13 STHI 14 CHTY	ET ZIE			
CITY - ST - ZIP TITLE	14 1010 0411 1 5		2 1 11/1		.,.,.	Change Addition	
NAME		DALISAY, FRANCISCA P. 22		·			
STREET ADDRESS			2 3 STRE	LADDRESS			
CITY-ST-ZIP	N MIAMI FL 24		2.4.0114	ST - 21P			
TITLE		DELETE 3 1				Change Addition	
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY+ST-ZIP TITLE			3 4 CITY 4 1 TITL	·		Change Addition	
NAME		4.					
STREET ADDRESS				T ADDRESS		•	
CITY-ST-ZIP			4.4 0(f)	SI-ZIP			
TITLE		DELETE 5				Change Addition	
NAME			5.2 NAM				
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CITY - ST - ZIP		DELETE		S1 - ZiP		Change Addition	
TITLE		[] nerrat	6 1 TITU 62 NAM			E Avenda E vergion	
NAME CTUCET ADODGES				EET ADDRESS			
STREET ADDRESS				SE-ZIP			
CITY - ST - ZIP	L						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dries 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 rue and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowere I 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 given a statute of the supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowere I 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 given a statute of the supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowere I 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 given and that my name appears in Block 12 or Block 13 if changed, or given and that my signature shall have the exemption stated in Section 119.07(3)(k), Florida Statutes, I turther certify that the information indicated on this signature.