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PROFIT CORPORATION ANNUAL REPORT

1998

HALLANDALE FL 33009



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J.S. VIDEO, INC.

M07598

(9)

FILED
May 08 1998 8:00am
Secretary of State

n kadirani di 1844 kada bada bini bulih kon dibin dubi Altik arah dibih bihin kati

| Principal Place of Business Mailing Address | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
|--|--|-------------|---------------|--|-----------------------------------|--|--|
| 125 8 E 1 AVE HALLANDALE FL 33000 US | 125 S.E. 1 AVE. HALLANDALE FL 33009 | | | | | | |
| | | | | | | | |
| | | | | 11/09/1984 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | 4. FEI Number | Applied For | | | |
| 21 6075.W 6 Ame | 26 | | | 59-2608886 | Not Applicable | | |
| Suite, Apt. #, etc. Suite, Apt. #. | | #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred | | |
| City & State 23 Hallandale, FL | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip 33009 Country 25 | Z _I p | Count 30 | ry | This corporation owes or has paid the current Personal Property Tax due June 30. | irrent year Intangible Yes No | | |
| 9, Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| italia, sebastiana 125 s.e. 1 ave. | | 8 | | ess (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |

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.

| agent. I s | egistered agent, or born, in the state or Fiorica. Such chang im familiar with, and accept the obligations of, Section 607.0 | 505, Florida | s Statutes. | poration's board of directors. I hereby accept to | ie appointment as i | registered |
|----------------|---|--------------|--------------------------|---|---------------------|------------|
| SIGNATURE | Signature, typed or printed name of registrated agent and title if applicable | (NOTE: Re | gistered Agent signature | required when reinstating) | DATE | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTOR | S IN 12 |
| TITLE | PD DEL | ETE | 1.1 TITLE | PD | Change | Addition |
| HAME | Italia, sebastiana | | 1.2 NAME | TTALTA, SEBASTIANA | | |
| STREET ADDRESS | 125 S.E. 1 AVE. | | 1.3 STREET ADDRESS | 6075.W6 Ame | | |
| CITY-ST-ZIP | HALLANDALE FL | | 1.4 CITY-ST-ZIP | HALLANDALE, FL 33009 | | |
| TITLE | STD DEL | ETE | 2.1 TITLE | 710 | Change | Addition |
| NAME | ITALIA, JACK | 1 | 2.2 NAME | ITALIA, JACK 607 5.W. 6AVE | | |
| STREET ADDRESS | 125 S.E. 1 AVE. | | 2.3 STREET ADDRESS | 607 S.W. GAVE | _ | |
| CMY-ST-ZIP | HALLANDALE FL | | 2 4 CITY-ST-ZIP | HALLANDALE, FL 3300 | 9 | |
| TITLE | ☐ DEL | ETE | 3.1 TITLE | | Change | Addition |
| NAME | | ł | 32 NAME | | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 1 | 3.4. CITY - ST - ZIP | | | |
| TITLE | DEL | .ETE | 4.1 TITLE | | Change | Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | . 1 | 4.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DEL | ETE | 5.1 TITLE | | Change | Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | ŀ | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5 4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELU | ETE | 61 TITLE | | Change | Addition |
| NAME | | } | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY+ST-7IP | | - 1 | 64 CITY-ST-ZIP | | | |

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 chapter on an attachment with an address.

BIGNATURE: Sebastione Stelia, SEBASTIANA 17ALIA 4/27/98 457-769

CR2E034 (10/97)