ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. TO DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthami

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name M27018 (4)

EUREKA VIDEO CORPORATION

Mailing Address

Principal Place of Business

APPROVED AND FILED

1996 SEP -3 AM 8: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



G/O TEODULO RODRIGUEZ 11382 S.W. 184TH ST., SHOP #10 MIAMI FL		C/O TEODULO HODHRSUEZ 11362 S.W. 184TH ST., SHOP #10 MIAMI FL			3. Date Incorporated or Qualified 02/06/1986	3a. Date of Last Report 04/12/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4, FEI Number	Applied For
n l		26			59-2643272	Not Applicable \$8.75 Additional
Suite, Apt #, etc.		Suite, Apt. #, etc.	 1		5. Certificate of Status Desired	Fee Required
2		City & State			& Flooton Compaign Figures	\$5.00 May Be
City & State		28			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax under s. 199 032.
	25	29	30		Florida Statutes	Yes No
•	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Re	gistered Agent
		,, <u>z</u>	81	Name		
	RIGUEZ, ARACELIA		82	Street Addre	ess (P.O. Box Number is Not Acceptab	nie)
	32 S.W. 184TH ST.		62	GUEST AUGIS	coo (.e. con received to receive and pro-	,
	P #10		83			
MIAI	MI FL		84	City		85 Zip Code
				1	oration submits this statement for the p	FL
SIGNATURE 5	Signature typed or printed name of registered a y OFFICERS AN	on and the chapper state (NOT ID DIRECTORS	E. Begistered Ape 13.	ா(எறு விசை சேரியம	ADDITIONS/CHANGES TO OFFIC	
						CERS AND DIRECTORS IN 12
14.						
TITLE	P	DELETE	1.1 TITLE			Change Addition
	P Rodriguez, Aracelia	DELETE	1.1 TITLE 1.2 NAMS			Change Addition
TITLE	P RODRIGUEZ, ARACELIA 11362 S.W. 184TH ST.	DELETE		I ADURESS		
TITLE NAME			1.2 NAME 1.3 STREET 1.4 City - S	1		
NAME STREET ADDRESS	11362 S.W. 184TH ST.	DELETE	1.2 NAME 1.3 STREET 1.4 City - S 2.1 Title	1		
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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

LAKOF SIGNAL OFFICER OF DIRECTOR RODAN GUEL