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## **PROFIT** CORPORATION ANNUAL REPORT 1998



### FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M35166

(1)

AMERICAN VIDEO & T.V. SERVICE, INC.

| Principal Place of Business | Mailing Address |  |
|-----------------------------|-----------------|--|
| 7412 SW 48 ST.              | 7412 SW 48 ST.  |  |
| MIAMI FL 33155              | MIAMI FL 33155  |  |
|                             |                 |  |

# FILED Mar 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2697596 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **ESCANDELL, IGNACIO** 7412 SW 48 ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 City Zip Code 84 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE Change Addition TITLE 1.1 TITLE **ESCANDELL IGNACIO** 1.2 NAME NAME 7412 SW 48TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 1/TLE NAME 2.2 NAME STREET ADDRESS 23 STREFT ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZiP Change Addition DELETE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 profess 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:

03-09-98 (305)661-2626