

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

FILED

May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000041228 (6)**

1. Corporation Name

**VIDEO ENTERPRISES CORP.**



Principal Place of Business

Mailing Address

~~7025 NW 12 STREET~~  
~~SUITE 324~~  
~~MIAMI FL 33126~~  
~~US~~

~~7025 NW 12 STREET~~  
~~SUITE 324~~  
~~MIAMI FL 33126~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/10/1993**

2. Principal Place of Business	2a. Mailing Address
21 <b>100 NW 8TH AVENUE</b>	26 <b>100 NW 8TH AVENUE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>G</b>	27 <b>G</b>
City & State	City & State
23 <b>MIAMI FLORIDA</b>	28 <b>MIAMI FLORIDA</b>
Zip	Zip
24 <b>33128</b>	29 <b>33128</b>
Country	Country
25 <b>US</b>	30 <b>US</b>

4. FEI Number

**65-0415834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ARIAS, MARINO~~  
~~800 N.W. 1ST STREET~~  
~~#4~~  
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name **LEYVA GILBERTO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**100 NW 8TH AVENUE**  
83  
84 City **MIAMI** FL 85 Zip Code **33128**

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 typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PSTD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ARIAS, MARINO</del>	1.2 NAME	
STREET ADDRESS	<del>800 N.W. 1ST ST. NO. 4</del>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<del>MIAMI FL 33131</del>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>P LEYVA GILBERTO</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2746 NW 5 STREET</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>MIAMI, FL 33125</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 changed, or on an attachment with an address.

SIGNATURE:

  
Signature typed or printed name of signing officer or director

Date

**(305) 545-6770**

Daytime Phone

D1720000

CR2E034 (10/97)