

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000002211 (8)

1. Corporation Name

CAMERA & VIDEO DEPOT INC.



Principal Place of Business

Mailing Address

ATTN: DIPU G. JHANGIMAL
9425 SW 91ST
MIAMI FL 33176

ATTN: DIPU G. JHANGIMAL
9425 SW 91ST
MIAMI FL 33176

2. Principal Place of Business

2a. Mailing Address

21 9425 SW 91st St

26 9425 SW 91st ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33176

25 DU

29 33176

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

07/07/1995

4. FEI Number

65-0589963

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

JHANGIMAL SONIA
9425 SW 91ST ST
#8
MIAMI FL 33176

81 Name

JHANGIMAL, SONIA

82 Street Address (P.O. Box Number is Not Acceptable)

9425 SW 91st ST #8

83

84 City

MIAMI

FL

85 Zip Code
33176

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DIPYG JHANGIMAL	
STREET ADDRESS	9425 SW 91 ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SONIA JHANGIMAL	
STREET ADDRESS	9425 SW 91ST	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIPYG JHANGIMAL	
1.3 STREET ADDRESS	9425 SW 91 St	
1.4 CITY- ST- ZIP	MIAMI FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SONIA JHANGIMAL	
2.3 STREET ADDRESS	9425 SW 91 St	
2.4 CITY- ST- ZIP	MIAMI FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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:

Sonia D. Jhangimal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: OFFICER OR DIRECTOR

SONIA D. JHANGIMAL

04-24-96

305-543-0392

Date

Daytime Phone #

CR2E034 (12/95)