FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024502 (4)**

1. Corporate Name
V & S VIDEO, INC.

Principal Place of Business
453 AVENIDA DEL NORTE
SARASOTA FL 34242

Mailing Address
453 AVENIDA DEL NORTE
SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 03/30/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
29 30

4. FEI Number: 65-0479599
☐ 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

9. Name and Address of Current Registered Agent

VIQUEIRA, JULIUS
453 AVENIDA DEL NORTE
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: Registered Agent (signature required) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	VIQUEIRA, JULIUS
STREET ADDRESS	453 AVENIDA DEL NORTE
CITY, ST, ZIP	SARASOTA FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, or attached and does not modify the information stated in Section 607.0502(6), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and complete and that my signature shall attest the veracity of such certification. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or is added by hand with an addition.

SIGNATURE: 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Julius Viqueira

0344994 CP