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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400054327

1. Corporation Name

VIDEO IMAGE, INC.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90019 017 ***150.00



<u> </u>			•			
Principal Place	e of Business	Mailing Address			dibi dili dibba ilib	(1911 1991 1991
310 ROMANO	• •	310 ROMANO AVENUE		i		
CORAL GABLES FL 33134 CORAL GABLES FL 33134						
				DO NOT WRITE IN T	HIS SPACE	
	•	•		3. Date incorporated or Qualifed		
	·			07/21/1994		
·	lace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	plied For
21		26		65-0512722		t Applicable
Suite, Apt.	,	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22	to the other ways	City & State	· · · · · · · · · · · · · · · · · · ·			
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 d Added to	
Zip	Country	28	Country	8. This corporation owes the current year		01603
h	25		30	Personal Property Tax.	☐ Yes	200
24	9. Name and Address of Curren		301	10. Name and Address of New Register		
			81 Name			
RODRIGUEZ, ALBERTO		00 0	(D.O. D. Markett N.A. 4			
310 ROMANO AVENUE		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)			
COR	RAL GABLES FL 33134		83			
1						
J			84 City	F	- L 85 Zip €	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the above-named co	moration submits this statement for the nurnose	of changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as reg	gistered
i agentia	m familiar with, and accept the obliga	tions of, Section 607.0505, Fiori	da Statutes.			
]						i
SIGNATURE	Signature, tweet or printed name of registered ager	of and title if applicable (NOTE:)	Registered Agent signature regu	uired when reinstating) DATE		
	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature requ	uired when reinstaking) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
SIGNATURE						RS IN 12
SIGNATURE	OFFICERS AN	ID DIRECTORS	13.		AND DIRECTO	
SIGNATURE 12. TITLE NAME	OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE		AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS	PT RODRIGUEZ, ALBERTO 310 ROMANO AVE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		AND DIRECTO	
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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, with all other like empowered.