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 JUL -3 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070120 (8)**

1. Corporation Name
FONO-VIDEO PRODUCTIONS INC.

Principal Place of Business	Mailing Address
1424 NW 82ND AVE MIAMI FL 33126	1424 NW 82ND AVE MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1994**
3a. Date of Last Report:

21 2. Principal Place of Business
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 County

26 2a. Mailing Address
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 County

4. FEI Number ☐ 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

FENTE, MANUEL F ESQ
1835 W FLAGLER ST
SUITE 201
MIAMI FL

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: _____ DATE
(Typed or printed name of registered agent and title if applicable) (If filing, Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SCHWARZ, ALFREDO	12 NAME	
STREET ADDRESS	1424 NW 82ND AVE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33126	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ARNALDO	22 NAME	
STREET ADDRESS	1424 NW 82ND AVE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33126	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

AR 7/31
RETURNED BY MAY 1

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)(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 the 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: _____ 04-28-95 (305) 717-0902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0123020 CP

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

2 Trade name of business, if different from name in line 1
FONO-VIDEO PRODUCTIONS, INC.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
1424 N.W. 82 Avenue

5a Business address, if different from address in lines 4a and 4b
N/A

4b City, state, and ZIP code
Miami, Florida 33126

5b City, state, and ZIP code
N/A

6 County and state where principal business is located
Dade County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶
Alfredo Schwarz

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN) ____
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ____
- ☐ Other (specify) ▶ ____
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator-SSN ____
- ☐ Other corporation (specify) ____
- ☐ Federal government/military
- ☐ Church or church controlled organization (enter GEN if applicable) ____
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ | State: Florida | Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ TV productions
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ ____
- ☐ Banking purpose (specify) ▶ ____
- ☐ Changed type of organization (specify) ▶ ____
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ ____
- ☐ Other (specify) ▶ ____

10 Date business started or acquired (Mo., day, year) (See instructions.)

11 Enter closing month of accounting year. (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶ N/A

13 Enter highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "0."* ▶

Nonagricultural	Agricultural	Household

14 Principal activity (See instructions.) ▶ T.V. production

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Public (retail) ☐ Other (specify) ▶ ☒ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶

Signature ▶ Date ▶ 05-20-95

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

GOMEZ, FENTE & DEL PINO, P.A.
ATTORNEYS AT LAW

JULIO M. GOMEZ
MANUEL F. FENTE
ROGELIO A. DEL PINO
JOSE R. IGLESIA
ANGEL RUIZ

1935 WEST FLAGLER STREET
SUITE 201
MIAMI, FLORIDA 33135

(305) 541-1800
FAX (305) 541-1886

May 23, 1995

Department of Treasury
Internal Revenue Service
Attn: Entity Control
Atlanta, GA 39901

Re: Fono Video Productions, Inc.

Dear Sirs:

Herein find enclosed Application for Employer Identification Number completed and signed by our client. Kindly issue an identification number and provide the undersigned with same.

Thanking you in advance for your anticipated cooperation.

Sincerely yours,

MANUEL F. FENTE, ESQ.

MFF/mf
Enclosure(s)

cc: Fono-Video Productions, Inc.