FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000084422 (2)**

1. Corporation Name

SOUTH POINT T.V. AND AUDIO MEDIA, INC.

Principal Place of Business	Mailing Address
2960 CORAL WAY MIAMI FL 33145	2960 CORAL WAY MIAMI FL 33145

3. Date Incorporated or Qualified: **11/16/1994**
3a. Date of Last Report: **05/22/1995**

4. FEI Number: **65-0569237** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 **2963 SW 22nd TERRACE**	26 2963 SW 22nd Terrace
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 **MIAMI , FL**	City & State 28 Miami , FL
Zip 24 **33145** Country 25 **US**	Zip 29 **33145** Country 30 **USA**

9. Name and Address of Current Registered Agent

BELAUNDE, ALDO
2960 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: **BELAUNDE, ALDO**
82 Street Address (P.O. Box Number is Not Acceptable): **1790 CORAL WAY SUITE 200**
83
84 City: **MIAMI** **FL** 85 Zip Code: **33145**

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: _____ (NOTE: Registered Agent signature required when changing listing) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BELAUNDE, ALDO		1.2 NAME		
STREET ADDRESS	2960 CORAL WAY		1.3 STREET ADDRESS	1790 CORAL WAY SUITE	
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SUAREZ, AMANCIO V		2.2 NAME		
STREET ADDRESS	2960 CORAL WAY		2.3 STREET ADDRESS	1790 CORAL WAY SUITE 200	
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SUAREZ, AMANCIO J		3.2 NAME		
STREET ADDRESS	2960 CORAL WAY		3.3 STREET ADDRESS	1790 CORAL WAY SUITE 200	
CITY-ST-ZIP	MIAMI FL 33145		3.4 CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ 3/25/96 (305) 856-9160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)