

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000016077 (6)

1. Corporation Name

VIDEO FACILITIES MIAMI (VFM) INC.



Principal Place of Business

6848 NW 77TH CT
MIAMI FL 33166

Mailing Address

6848 NW 77TH CT
MIAMI FL 33166-2713

2. Principal Place of Business

21 7395 W. 19 CT.

Suite, Apt. #, etc.

2a. Mailing Address

26 7395 W. 19 CT.

Suite, Apt. #, etc.

City & State

23 HIALEAH FL

Zip

24 33014

Country

25 USA

City & State

28 HIALEAH FL

Zip

29 33014

Country

30 USA

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0565589

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

NOBO, ARISTIDES
6848 NW 77TH CT
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

NOBO, ARISTIDES

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

7395 W. 19 CT.

83

84 City

HIALEAH

FL

85 Zip Code

33014

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 office if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	NOBO, ARISTIDES	7801 SW 72ND AVE	MIAMI FL 33143	<input type="checkbox"/>
DS	BORBOLLA, ANTONIO	2730 W 73RD PL	HIALEAH FL 33016	<input type="checkbox"/>
D	PREWITT, JOSEPH	6233 W GATE DR, 612	ORLANDO FL 32825	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/97

305-362-3092

CR2E034 (9/96)