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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000016077 (6) **DOCUMENT #**

VIDEO FACILITIES MIAMI (VFM) INC.

Principal Place of Business Mailing Address 7395 W 19TH CT 7395 W 19TH CT HIALEAH FL 33014 HIALEAH FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0565589 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NOBO, ARISTIDES 7395 W 19TH CT Street Address (P.O. Box Number is Not Acceptable) R2 HIALEAH FL 33014 83 84 City 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** (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change Addition 1.1 TITLE TITLE **NOBO. ARISTIDES** 1.2 NAME NAME CRZESS4 7801 SW 72ND AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE BORBOLLA, ANTONIO 2.2 NAME NAME 2730 W 73RD PL 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP 2 4 CITY-ST-7/P DELETE Change Addition 3.1 TITLE TITLE PREWITT, JOSEPH 3.2 NAME NAME 6233 W GATE DR, 612 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 suppliencental 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 preciser or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed over an address

SIGNATURE

CITY+S1-ZIP

BORBOILA

8-16-98 305 362-3092

FILED

Mar 19 1998 8:00am

Secretary of State