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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022272 (5)

AAA MIDEO ELECTRONICO

Principa Plac 650 NW 43 AVI MIAMI FL 3312	ENUE	Mailing Address 650 NW 43 AVENUE MIAMI FL 33126-5406			
				3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 05/01/1996
<u></u>	lace of Business	2a. Mailing Address	1675T	4. FEI Number	Applied For
21	# ala	26 5260 NW	16/31	59-2527866	Not Applicable
Suite, Apt	H, etc	Suite. Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Star	е	28 MIAMI LOKE	J FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Žφ	Country	1 /00	Country	8. This corporation has liability for in	
24	25	29 33014 30	DAGE		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	gistered Agent
	ILEVICH, SAMMY		81 Name		
650 NW 43 AVENUE MIAMI FL 33126				ress (P.O. Box Number is Not Acceptab	
MIA	WI FL 33120		5 2 6	60 NW 167 STA	ee/
]					
			84 City //	AMI LAKES	FI 85 Zip Code
office or r	to the provisions of Sections 607 05 registered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such charige was auti	norized by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE	<u></u>				
12.	Signature typed or professional of registered as OFFICERS AN	gent and ticc it applicable (NOTE: H ND DIRECTORS	egistered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	PRS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	7,001710710707774020 10 07710	Change Addition
NAME	SMULEVICH, SAMMY		1.2 NAME		4
STREET ADDRESS	650 NW 43 AVENUE		1 3 STREET ADDRESS	5260 NW 1675/ne	eT ,
C/TY+51 Z/P	MIAMI FL 33126		1.4 CITY-ST-ZIP	5260 NW 167 STAR	33014
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY ST-7IP			2 4 CITY-ST-ZIP		
THEF		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME	y.	, <b>V</b> •
STREET ADDRESS			3.3 STREET ADDRESS		į
CITY-S1 ZIF TIFLE		DELETE	3.4. CITY - ST - ZIP 4.1 THILE		Change Addition
NAME		_ oraci	4. 2 NAME		E overige E vicentari
STREET ADDRESS			4.3 STREET ADDRESS		J
CITY - S* - ZIP			4.4 CITY-ST-ZIP		
TITLE		DETETE	51 TITLE	712	Change Addition
NAME:			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST ZIP			5.4 City - ST- ZIP		
THILE		DELETE	61 TITLE .		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Cate

**FILED** 

Jan 24 1997 8:00am

Secretary of State

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