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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055795 (5)

VIDEO LUPITA, INC.

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Plac 3007 REYNOLI PLANT CITY F	DS ST W	Mailing Address 3007 REYNOLDS ST W PLANT CITY FL 33567-4135		• ;		
						3. Date Incorporated or Qualified
·	lace of Business	2a. Mailing Address		!		4. FEI Number Applied For 59-3363882 Not Applicable
Suite, Apt.	#. etc.					¢0.75 Auditional
22		27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip	\vdash	intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
241	9. Name and Address of Curre		30	1	<u>-</u>	10. Name and Address of New Registered Agent
KRI	JG, ROBERT			81	Name	
	4 W CYPRESS ST			82	Street A	Address (P.O. Box Number is Not Acceptable)
1 .	TE 111					Addition (1.50. Dox Hallipor to Hot Propoptional)
TAN	1PA FL 33607			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						
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.						
						06-10-97
	Signature, typed of printed name of registered a	gent and title if applicable (NO		d Age	nt signature r	required when reinstating) DATE
12.		ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	D Lopez, Maria		1.1 TJ 1.2 N			Change C Adollori
STREET ADDRESS	3007 REYNOLDS ST W				ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566			1Y-S1	1	}
TITLE		DELETE	211		-	Change Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 S1	REET	ADDRESS	
CITY-ST-ZIP			2.40	ITY- S	T-ZIP	
TALE		☐ DELETE	3.1 TI	TLE	}	Change Addition
NAME			3.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. C		T - ZIP	Change Addition
NAME			4.1 ft			E divingo E Addition
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY - \$1	J	
TITLE		☐ DELETE	5.1 Tr			☐ Change ☐ Addition
NAME			5.2 N/	AME		100002215331
STREET ADDRESS		•	5.3 \$1	REFT	ADDRESS	100002215331 -06/18/9701008033
CITY-ST-ZIP				TY-\$1	r-ZiP	***165.00
TITLE		DELETE	61 TI	TLE		☐ Change ☐ Addition

62 NAME

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