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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065051

1. Corporation Name
MCH VIDEO. INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90126 018 ***150.00

MCH VIDI	EU, ING							
Principal Place	of Rusiness	Mailing Address					 	
1591 E 4 AVE	0. 200000	1591 E 4 AVE						
HIALEAH FL 33010 HIALEAH FL 33010					İ			
THE SOUR					DO NOT WRITE IN THI	S SPACE		1
ĺ					3. Date Incorporated or Qualifed			
	·				08/21/1995			ļ
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	-	Applied For		
21		26		65-0606510		Not Applicable	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22		27	27				Required	-
City & State	<u> </u>	City.& State			6. Election Campaign Financing		0 .May.Be	=
23		28			Trust Fund Contribution		to Fees	1
Zip	Country	Zip	Country	<i>!</i>	8. This corporation owes the current year !		□No	
24	25	29 3	10		Personal Property Tax.	Yes		┨
	9. Name and Address of Curren	t Registered Agent	D4	T Name	10. Name and Address of New Registere	a Agent		1
DEDE	7 MIDDEV		81	Name				
PEREZ, MILDREY 1591 E 4 AVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			1
]								┨
HIALE	EAH FL 33010		83					
			84	City		. 85 Zir	Code	1
J					F.	L		
ì				1			tnaintarad	1
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above	e-named corp	poration submits this statement for the purpose on a board of directors. I hereby accept the appropriate the purpose of directors.	of changing i	registered	
Office or re-	dictored agent of both ID the State (ot Florida. Such chande was auu	nonzeo ov	ппе согостанс	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing i ointment as	registered	
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14. I 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 suppliemental 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 teceiver privistee 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16/99 (305)886-9180