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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091528 (6)

MIAMI VIDEO & SOUND CORPORATION, INC.

Principal Place of Business Mailing Address 10300 S.W. 72ND STREET 10300 S.W. 72ND STREET SUITE #207-B SUITE #207-B MIAM! FL 33173 MIAMI FL 33173-3012 3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1995 05/01/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 121 SE First Street 65-0621809 26 . . Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 6. Certificate of Status Desired *5*03 Suite 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Miami 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 33131 25 29 Yes M-No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 green, roger b Name)ngarp Marcelo 10300 S.W. 72ND STREET Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE #207-B MIAMI FL 33173** 83 Miani 11. Pursuant to the provisions of Seetions 697,9502 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 Fiscilia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Laprilamiliar with, and accept the obligations of Section 607, 1505, Florida Statutes. MARCELO 1-10-97 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE THEF 1.1 TITLE Change Addition UNGARO, MARCELO NAME 1.2 NAME 5213 SW 139TH AVE RD. STREET ACORESS 1.3 STREET ADDRESS **MIAMI FL 33175** CITY-ST Zit 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CILTEST 20 2.4 CITY-\$1-ZIP DELETE THE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZiP 3.4. CITY - 5T- ZIP DELETE DULE Change 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-2IP DELETE TITLE Change 5.1 TITLE Addition NAMÉ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST ZIP 5.4 CITY-ST-ZIP DELETE THEE Change

14. If 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 exthe receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAM:

STREET ADDRESS

CHY ST-ZIP

__ Addition

FILED

Apr 17 1997 8:00am

Secretary of State