


FILE NOW: FILING FEE AFTER MAY 1 IS \$500

FILED
Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mamm Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000003739 (5) 1. Corporation Name VIDEO HOLLYWOOD, INC.		



Principal Place of Business 400 N.W. 27 AVENUE MIAMI FL 33125	Mailing Address 400 N.W. 27 AVENUE MIAMI FL 33125-3033
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/11/1996 3a. Date of Last Report Applied For Not Applicable 4. FEI Number 65-0631876 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ESTRUCH, LOURDES E 400 N.W. 27 AVENUE MIAMI FL 33125	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1. <input type="checkbox"/> DELETE PD ESTRUCH, LOURDES E 400 N.W. 27 AVENUE MIAMI FL 33125	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2. <input type="checkbox"/> DELETE	2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY - ST - ZIP	2. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3. <input type="checkbox"/> DELETE	3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY - ST - ZIP	3. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4. <input type="checkbox"/> DELETE	4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY - ST - ZIP	4. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5. <input type="checkbox"/> DELETE	5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY - ST - ZIP	5. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6. <input type="checkbox"/> DELETE	6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY - ST - ZIP	6. <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Loures E. Estruch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

1-29-97 (30) 541-1127
Date Daytime Phone #
0163929

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