

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

FILED

Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000010320 (5)**

1. Corporation Name
APEX VIDEO LABS, INC.



Principal Place of Business 2610 N.W. 21 TERRACE MIAMI FL 33142	Mailing Address 2610 N.W. 21 TERRACE MIAMI FL 33142-7113
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2. Principal Place of Business 21 1854 N.W. 21 Street		2a. Mailing Address 26 1854 N.W. 21 Street		3. Date Incorporated or Qualified 01/29/1996	3a. Date of Last Report <input checked="" type="checkbox"/>
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FET Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Miami, Florida		27 City & State 28 Miami, Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33142 25 Country		29 Zip 33142 30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TEJEIRO, TERESA 2610 N.W. 21 TERRACE MIAMI FL 33142				10. Name and Address of New Registered Agent 81 Name PILEGGI, VITO 82 Street Address (P.O. Box Number is Not Acceptable) 1854 N.W. 21 Street 83 84 City Miami FL 85 Zip Code 33142	
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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 **PILEGGI, VITO** DATE **4/1/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent only required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PILEGGI, ROCCO			1.2 NAME	PILEGGI, ROBERT A.		
STREET ADDRESS	2610 N.W. 21 TERRACE			1.3 STREET ADDRESS	1854 N.W. 21 Street		
CITY-ST-ZIP	MIAMI FL 33142			1.4 CITY-ST-ZIP	Miami, FL 33142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Secretary		
NAME	PILEGGI, ROBERT A			2.2 NAME	TURBAY, VICTOR PARISI		
STREET ADDRESS	2610 N.W. 21 TERRACE			2.3 STREET ADDRESS	1854 N.W. 21 Street		
CITY-ST-ZIP	MIAMI FL 33142			2.4 CITY-ST-ZIP	Miami, FL 33142		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: **ROBERT A. PILEGGI** DATE **4/1/97** (305) 636-4016

CR2E034 (9/96)