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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016683 (0)

1. Corporation Name
JENNY VIDEO & BEEPER, INC.



Principal Place of Business
12328 NW 98 PLACE
HIALEAH GARDENS FL 33016

Mailing Address
12328 NW 98 PLACE
HIALEAH GARDENS FL 33018-2960

3. Date Incorporated or Qualified
02/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 5985 W 25 CT

2a. Mailing Address

26 5985 W 25 CT

Suite, Apt. #, etc

22 105

Suite, Apt. #, etc

27 105

City & State

23 Hialeah FL

City & State

28 Hialeah

Zip

24 33016

Country

25 USA

Zip

29 FL

Country

30 USA

4. FEI Number

65-0647969

Applied For

Not Applicable

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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HERRERA, ARTURO
12328 NW 98 PLACE
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

81 Name Hilda M. VIGORA
82 Street Address (P.O. Box Number is Not Acceptable) 5985 W 25 CT #105
83
84 City Hialeah FL 85 Zip Code 33016

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/97

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> DELETE |
| NAME | HERRERA, ARTURO | |
| STREET ADDRESS | 12328 NW 98 PLACE | |
| CITY - ST - ZIP | HIALEAH GARDENS FL 33016 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | OJEDA, CARLOS A | |
| STREET ADDRESS | 3510 WEST 80 STREET | |
| CITY - ST - ZIP | HIALEAH FL 33016 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------|--|
| 1.1 TITLE | P/S/T-D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | HILDA M. VIGORA | |
| 1.3 STREET ADDRESS | 5985 W 25 CT #105 | |
| 1.4 CITY - ST - ZIP | Hialeah FL 33016 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 on an attachment with an address

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HILDA M. VIGORA 1/8/97 305-826 5559

Date

Daytime Phone #

0128200

CR2E034 (9/96)