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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morkham~ *

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P96000021431 (7)

ALL STATE AUDIO VISUAL CO., INC.

FILED Feb 06 1998 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address		(400/300) 4/0 (300/300) 4/0 (30/4/20) 0 0 0 1 1 1 0 1 1 0 1 1 0 0 1 0 0 1 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1
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MIAMI EL 331	STREET 3 230 NW 21 MI AMILE F 1231	MIAMI EL 33142	230110 111111 F	171112	
	MIAMI EIN	70 /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ì	v			3. Date Incorporated or Qualified	
O Delegion Di	tage of Divisions	An Mailing Address		03/08/1996 4-FE Number	1
- 10 //C	lace of Business	28. Mailing Address	2217	1	Applied For
Suite, Apt.		26 199 (U.W. Suile, Apl. #, etc.	ad III	65-0668287	Not Applicable
22	n, 0,0.	27			ee Required
City & State				5.00 May Be	
23 Miani Fa 28 Miani F		12		dded to Fees	
Zip 1/2 Country Zip 3 1/2 35			Country	8. This corporation owes or has paid the current ye	ear Intangible
24 35 172 25 29 35 172 31			0	Personal Property Tax due June 30.	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
QUESADA, JORGE 81 Name (Soto Jarge	
3661 NW 29 STREET			82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33142					
•			83 3230 NW 30AVe		
•			84 City	85	Zip Code
				MIMM. FL	73142
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corpelation 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 applications of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typicare page of nation of registered agent and little if applicable (NOTE: Registered Agent signatour required when reinstating) Onte					
12.	Signature, types or point a name of registered agen OFFICERS AND		legislerod Agent signature	required when reinstating) (A1) ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	n	DELETE	1.1 TITLE		hanne Addition
NAME	QUESADA. JORGE		1.2 NAME	soto Jorse	
STREET ADDRESS	3061 NW 29 STREET		1.3 STREET ADDRESS	22 70 NW TO AL	
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY - \$1 - ZIP	Soto, Lorse 3270 NW JOARE MIAMI FI 3314	5
TITLE		DELETE	2.1 TITLE	CI	hange Addition
NAME			2.2 NAME		
STREET ADDRESS		ļ	. 2.3 STHEET AUDRESS		
CITY-ST-ZIP			2 4 C/TY+ST-7/P		
TITLE		☐ DELETE	317111.E	Cr	nange 🔲 Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	>	
TITLE		☐ DELETE	4.1 TITLE	U Cr	nange 🔲 Addition
NAME			4. 2 NAME		{
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Drifte	4.4 City-ST-ZIP	Ch	
TITLE		DELETE	5.1 TITLE	L. Cr	nange 🔲 Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY-ST-ZIP		DELETE	5 4 C/1Y - ST - Z/P	□ Ch	nange Addition
TITLE		ן טנונונ ן	6.1 TITLE		ango LI Muulioli
NAME OVEREZ ARRESON			6.2 NAME		
STREET ADDRESS			6.3 STREFT ADDRESS		

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 supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the resolver 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 a validation of the corporation of the cor