

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000040603 (8)
1. Corporation Name
SENSATION VIDEO, CORP.



Principal Place of Business
1820 NE 142ND ST #7F
NORTH MIAMI FL 33181
US

Mailing Address
1820 NE 142ND ST #7F
NORTH MIAMI FL 33181
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7601 EAST TREASURE DR.		26 7601 EAST TREASURE DR.		05/06/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 #1118		27 #1118		65-0664029	
City & State		City & State		Applied For	
23 NORTH BAY VILLAGE, FL		28 NORTH BAY VILLAGE, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33141		29 33141		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 US		30 US		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TURTULA, GUSTAVO D
1820 NE 142ND ST #7F
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name TURTULA, GUSTAVO D
82 Street Address (P.O. Box Number is Not Acceptable)
7601 EAST TREASURE DR
83 #1118
84 City NORTH BAY VILLAGE, FL 85 Zip Code 33141

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURTULA, GUSTAVO D	1.2 NAME	TURTULA, GUSTAVO
STREET ADDRESS	1820 NE 142ND ST #7F	1.3 STREET ADDRESS	7601 EAST TREASURE DR # 1118
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FL. 33141
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		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	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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:

GUSTAVO TURTULA 4/3/98 605)866-1161

CR2E034 (10/97)