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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra By Mortham . ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000055666 (7) INTERVIDEO DUPLICATION, INC. Principal Place of Business Mailing Address 4618 SW 74TH AVENUE 4618 SW 74TH AVENUE MIAMI FL 33155-4422 MIAMI FL 33155 3. Date Incorporated or Qualified 3a. Date of Last Report 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-02 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALVAREZ, DERVIS R 81 Name 225 FLORIDA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33144** 83 84 City 85 Zip Code FL 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 it applicable (NOTE: Registered Agent's gnature required when re-ostating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE 1.1 TOLE Change Addition TITLE ALVAREZ, DERVIS R NAME 1.2 NAME 300002233093-225 FLORIDA BLVD -07/08/97--01076--021 STREET ADDRESS 1.3 STREFT ADDRESS MIAMI FL 33144 \*\*\*\*165.00\_ \*\*\*\*165.00 CITY-ST-ZIP 1.4 C(1) Y - ST - Z(P DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 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 13 if changed, or on an attachment with an address.

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