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FILED

Jul 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000058180 (6)

1. Corporation Name  
FOCUS AV CORP.

Principal Place of Business  
1550 S. HIGHWAY  
SUITE 213  
CORAL GABLES FL 33146

Mailing Address  
1550 S. HIGHWAY  
SUITE 213  
CORAL GABLES FL 33146

2. Principal Place of Business

21 1975 EAST SUNRISE BLVD.

Suite, Apt. #, etc.

22 SUITE 828

City & State

23 SUNRISE FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 1975 EAST SUNRISE BLVD.

Suite, Apt. #, etc.

27 SUITE 828

City & State

28 SUNRISE FL

Zip

29 33304

Country

30 USA

9. Name and Address of Current Registered Agent

BRACHO, AMENODORO J  
1550 S. HIGHWAY  
SUITE 213  
CORAL GABLES FL 33146

3. Date Incorporated or Qualified

07/10/1996

3a. Date of Last Report

4. FEI Number

65-0682621

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

10. Name and Address of New Registered Agent

81 Name BRACHO AMENODORO J

82 Street Address (P.O. Box Number is Not Acceptable)  
1540 NW 128TH DRIVE #206

83

84 City SUNRISE

FL

85 Zip Code

33323

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]*

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

7/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME DJURO, ALEX  
STREET ADDRESS 1550 S. HIGHWAY, SUITE 213  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☒ DELETE

NAME DJURO, AMENODORO J  
STREET ADDRESS 1550 S. HIGHWAY, SUITE 213  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT P ☒ Change ☒ Addition

1.2 NAME AMENODORO BRACHO  
1.3 STREET ADDRESS 1540 NW 128TH DRIVE #206  
1.4 CITY-ST-ZIP SUNRISE, FL. 33323

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*563.75

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: *[Signature]*

7/9/97 (954) 845 9334

CR2E034 (9/96)