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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000058786 (0)

AUDIO VISUAL PRODUCTIONS, INC.

Mailing Address Principal Place of Business 9506 S.W. 57TH AVE. 8506 S.W. 57TH AVE. MIAMI FL 33158-2138 MIAMI FL 33156 3. Date Incorporated or Qualified 3a. Date of Last Report 07*V*12/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\mathbb{P}}$ Country ler s. 199.032, Z_{10} Country 8. This corporation has liability for intangita ☐ Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registers OSBORNE, VARIN 9506 S.W. 57TH AVE O. Box Number is Not Acceptable **MIAMI FL 33156** 83 City Zip Code 65 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. Fam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature Type dior printed name of registered agent and lide if applicable (NOTE: Registered Agent signature regulied when reinstating) 12. OFFICERS AND DIRECTORS DIRECTORS IN 12 (96/6) 13. THILE 1.1 TITLE OSBORNE, WARN-1.2 NAME NAME 9506 S.W. 57TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** 1.4 CITY-ST-ZiP CHY-ST-ZiF DELETE Change Addition TITLE 2.1 TITLE OSBORNE, KARIN NAM: **2.2 NAME** 9506 S.W. 57TH AVE. 2.3 STREET ADORESS STREET ADDRESS MIAM! FL 33156 CITY - ST 2.4 CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE 111; £ 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADORESS 3 4. CITY - ST - ZIP CHY-ST-ZiP DELETE Addition 41 TITLE Change THUE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST 20 5 4 City - ST - ZIP DELETE Change ___ Addition 6.1 TITLE HILE 6.2 NAME NAME 6.3 STREET ADDRESS STEFFET 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name