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Mar 30, 1999 8:00 am
Secretary of State

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UCR-3350

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000076582

1. Corporation Name
VTM PROFESSIONAL VIDEO CORPORATION

Principal Place of Business
 8302 N.W. 56TH STREET
 MIAMI FL 33166

Mailing Address
 8302 N.W. 56TH STREET
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE



21	21	22	22	23	23	24	24	25	25	29	29	30	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip		Country		Country	
8045 NW 36th STREET		8045 NW 36th STREET		SUITE 500		MIAMI FL		33166		USA		USA	
MIAMI FL 33166		MIAMI FL 33166		SUITE 500		MIAMI FL		33166		USA		USA	

3. Date Incorporated or Qualified	09/13/1996
4. FEI Number	65-0695829
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
AUGUSTO-VACANTI, LUIZ JR.
 8625 S.W. 152ND AVE., #239
 MIAMI FL 33193

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VACANTI, LUIZ A JR.	
STREET ADDRESS	8625 S.W. 152ND AVE., #239	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TAMIETTI, SERGIO	
STREET ADDRESS	8625 S.W. 152ND AVE., #239	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAIA, WEBER	
STREET ADDRESS	8625 S.W. 152ND AVE., #239	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: X AUGUSTO-VACANTI, LUIZ JR. DATE: 3-26-99 DAYTIME PHONE #: (305) 436-9980

CR2E034 (1/198)