

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

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Jan 29 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 # P96000085054 (0)

1. Corporation Name
LAMIKE VIDEO, INC.



Principal Place of Business
7185 WEST 16 AVENUE
ATTN: DULCE SANCHEZ
HIALEAH FL 33014

Mailing Address
7185 WEST 16 AVENUE
ATTN: DULCE SANCHEZ
HIALEAH FL 33014-3819

3. Date Incorporated or Qualified
10/11/1996

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 347 EAST 49TH STREET	26 347 EAST 49TH STREET	65-0700182	Not Applicable
22 HIALEAH, FL	27 HIALEAH, FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 33013	28 33013	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25 DADG	29	30 DADG
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SANCHEZ, DULCE
7185 WEST 16 AVENUE
HIALEAH FL 33014

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

FL

11. Pursuant to the provisions of Section 607.0602 and 607.1509, 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 607.0605, Florida Statutes.

SIGNATURE: _____ (NOTE - Registered Agent signature required when installing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	6.3 STREET ADDRESS	6.4 CITY-STATE-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 12 or Block 13 of page 0, or on an attachment with an address.

SIGNATURE:

Dulce Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97

Date

Daytime Phone #

0120164

CR2E034 (9/96)