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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000088864 (9)

MIGCEL ELECTRONIC & VIDEO, CORP.

Principal Place of Business

Mailing Address

10688 FONTAINEBLEAU BLVD. MIAMI EL 33172 10688 FONTAINEBLEAU BLVD

## FILED May 06 1998 8:00am Secretary of State



| MIAMI FL 33172            |   | MIAMI FL 33172  |                             |                 |   | BO NOT MORE IN TUR  | 0.004.05         |               |
|---------------------------|---|---|-----------------------------|-----------------|---|---|------------------|---------------|
|                           |   |   |                             |                 |   | DO NOT WRITE IN THE  3. Date Incorporated or Qualified  | 5 SPACE          |               |
|                           |   |   |                             |                 |   | 10/29/1996  |                  |               |
| 2. Principal Place of E   | Business  | 2a. Mailing Address   | 2a. Mailing Address         |                 |   | 4. FEI Number   | A                | pptied For    |
| 21                        |   | 26  |                             |                 |   | 65-0703447  | N                | ot Applicable |
| Suite, Apt. #, etc.       |   | Suite, Apt. #, etc.   |                             |                 |   | 5. Certificate of Status Desired  | \$8.75           | Additional    |
| 22]                       |   | 27  |                             |                 |   | of Collineate of Citatus Desired  | Fee R            | equired       |
| City & State              |   | City & State  |                             |                 |   | 6. Election Campaign Financing  |                  | May Be        |
| <b>23</b> Zip             | Country   | 7ip   |                             | untry           |   | Trust Fund Contribution   |                  | to Fees       |
| 24                        | 25  | 29  | 30                          | unuy            |   | <ol> <li>This corporation owes or has paid the or<br/>Personal Property Tax due June 30.</li> </ol> |                  |               |
|                           | ame and Address of Curre                                      |   | 301                         | T               |   | 10. Name and Address of New Registere   |                  | No            |
| CEDENO,                   | MIGUELL   |   |                             | 81              | Name  |   |                  |               |
| 10688 FONTAINEBLEAU BLVD. |   |   |                             | 00 00-44-1      |   |   |                  |               |
| MIAMI FL 33172            |   |   |                             | 02              | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                  |               |
|                           |   |   |                             | 63              |   |   |                  |               |
|                           |   |   |                             | 84              | Oit:  |   | Tae I =          | 0.4.          |
|                           |   |   |                             | 54              | City  | F   | L 85 Zip         | Code          |
| 11. Pursuant to the pre-  | ovisions of Sections 607.05                                   | 02 and 607.1508, Florida Sta                                  | tutes, the a                | above           | -named  | cornoration submits this statement for the number   | of changing i    | ts registered |
| agent. I am familia       | a agent, or both, in the Stat<br>or with, and accept the obli | e of Florida. Such change wa<br>gations of, Section 607.0505, | as autnorize<br>Florida Sta | ea by<br>stutes | ine corp<br>3.  | poration's board of directors. I hereby accept the ap   | pointment as     | registered    |
| SIGNATURE                 |   |   |                             |                 |   |   |                  |               |
| Signature, i              | lyped or printed name of registered as                        |   |                             | ed Age          | nt signature  | required when reinstating) DATE   |                  |               |
| TITLE DPS                 |   | ND DIRECTORS  DELETE  | 13.                         |                 |   | ADDITIONS/CHANGES TO OFFICERS AN  |                  |               |
|                           | ENO, MIGUEL L   | ☐ Deter   | 1.1 T                       |                 | 1   |   | L Change         |               |
|                           | B8 FONTAINEBLEAU BL   | N/D   |                             | IAME            |   |   |                  |               |
| 4044                      | MI FL 33172   | YU.   | 1.3 STREET ADDRESS          |                 | 1   |   |                  |               |
| CITY-ST-ZIP MIAI          | W 1 C 00 17 E   | ☐ DELET <b>E</b>  | 2.1 T                       |                 | 1-214   |   | Change           | Addition      |
| NAME                      |   |   | 2.2 N                       |                 | - 1   |   | change           |               |
| STREET ADDRESS            |   |   |                             |                 | ADDRESS   |   |                  |               |
| CITY-ST-ZIP               |   |   |                             | CATY-S          |   |   |                  |               |
| TITLE                     |   | DELETE  | 3.1 T                       |                 | // 4.11   |   | Change           | Addition      |
| NAME                      |   |   | 3.2 N                       | AME             |   |   | _ •              | _             |
| STREET ADDRESS            |   |   | 3.3 S                       | TREET           | ADDRESS   |   |                  |               |
| CITY-ST-ZIP               |   |   | 3.4. (                      | CITY-S          | T-ZIP   |   |                  |               |
| TITLE                     |   | DELETE  | 4.1 T                       | ITLE            |   |   | Change           | Addition      |
| NAME                      |   |   | 4.21                        | NAME            |   |   |                  |               |
| STREET ADDRESS            |   |   | 4.3 S                       | TREET           | ADDRESS   |   |                  |               |
| CITY-ST-ZIP               |   |   | 4.4 0                       | HTY-S           | T- ZIP  |   |                  |               |
| TITLE                     |   | ☐ DELETE  | 5.1 T                       |                 | 1   |   | Change           | Addition      |
| NAME                      |   |   | 5.2 N                       |                 | 1   |   |                  |               |
| STREET ADDRESS            |   |   | 5.3 S                       | TREET           | ADDRESS   |   |                  |               |
| CITY-ST-ZIP               |   | DECETE  |                             | ITY-S           | I - ZIP   |   |                  |               |
| TITLE                     |   | ☐ DELETE  | 6.1 TI                      |                 | -   |   | L Change         | Addition      |
| NAME<br>CYDEST ADDRESS    |   |   | 6.2 N                       |                 |   |   |                  |               |
| STREET ADDRESS            |   |   |                             |                 | ADDRESS   |   |                  |               |
| CITY-\$1-ZIP              | I the information supplied v                                  | with this filing does not qualify                             | for the ev                  | iTY-SI          | I-ZIP   | d in Section 119.07(3)(i), Florida Statutes. I further  | cartify that the | information   |
| indicated on this a       | nnual report or supplement                                    | al annual report is true and a                                | iccurate an                 | d tha           | at my sign  | nature shall have the same legal effect as if made u  | inder oath: the  | atlam an i    |
| Block 12 or Block         | of the corporation or the red<br>13 if changed, or on⊿n atta  | eiver of trustee empowered<br>achmon with an address          | io execute                  | inis r          | eport as  | required by Chapter 607, Florida Statutes; and that   | my name ap       | pears in      |