

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

FILED

**May 02 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 # P96000089977 (8)

1. Corporation Name
VIDEO-PRO INTERNATIONAL, INC.



Principal Place of Business: P.O. BOX 822623 SOUTH FLORIDA FL 33082-2623
Mailing Address: P.O. BOX 822623 SOUTH FLORIDA FL 33082-2623

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1996	3a. Date of Last Report FIRST REPORT
21		26		4. FEI Number 65-0707417	Applied For Not Applicable
22. Suite, Apt #, etc		27. Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARIN, JAVIER 16199 S.W. 2ND DRIVE PEMBROKE PINES FL 33027				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	CEOP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARIN, JAVIER			1.2 NAME				
STREET ADDRESS	16199 S.W. 2ND DR.			1.3 STREET ADDRESS				
CITY- ST- ZIP	PEMBROKE PINES FL 33027			1.4 CITY- ST- ZIP				
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VIDAL, MANUEL			2.2 NAME				
STREET ADDRESS	16199 S.W. 2ND DR.			2.3 STREET ADDRESS				
CITY- ST- ZIP	PEMBROKE PINES FL 33027			2.4 CITY- ST- ZIP				
TITLE	<i>NO ONE FOLLOWS LINE ↓</i>			3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS				
CITY- ST- ZIP				3.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				
CITY- ST- ZIP				4.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET ADDRESS				
CITY- ST- ZIP				5.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET ADDRESS				
CITY- ST- ZIP				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 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]* DATE: 4/16/97 (305) 216-1514

CR2E034 (9/96)