

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000007707**

1. Corporation Name

**VIDEOFILMS, INC.**

Principal Place of Business

**175 DAYTONIA ROAD  
MIAMI BEACH FL 33141**

Mailing Address

**1375 DAYTONIA ROAD  
MIAMI BEACH FL 33141**

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90013 010 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/21/1997</b>	
175 DAYTONIA ROAD MIAMI BEACH FL 33141		1375 DAYTONIA ROAD MIAMI BEACH FL 33141		4. FEI Number <b>65-0729487</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		29			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>GUTIERREZ, HUMBERTO 1375 DAYTONIA ROAD MIAMI BEACH FL 33141</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

I, 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
2. OFFICERS AND DIRECTORS					
1.1	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.2	GUTIERREZ, HUMBERTO		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.3	1375 DAYTONIA ROAD		1.2 NAME		
1.4	MIAMI BEACH FL 33141		1.3 STREET ADDRESS		
1.5			1.4 CITY-ST-ZIP		
2.1		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2			2.2 NAME		
2.3			2.3 STREET ADDRESS		
2.4			2.4 CITY-ST-ZIP		
3.1		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2			3.2 NAME		
3.3			3.3 STREET ADDRESS		
3.4			3.4 CITY-ST-ZIP		
4.1		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2			4.2 NAME		
4.3			4.3 STREET ADDRESS		
4.4			4.4 CITY-ST-ZIP		
5.1		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2			5.2 NAME		
5.3			5.3 STREET ADDRESS		
5.4			5.4 CITY-ST-ZIP		
6.1		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2			6.2 NAME		
6.3			6.3 STREET ADDRESS		
6.4			6.4 CITY-ST-ZIP		

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/99 305-865-5375

CR2E034 (5/99)