

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90259 003 \*\*\*150.00

DOCUMENT # P97000070650

1. Corporation Name  
VIDEOSCOPE, INC.

Principal Place of Business

167 N.E. 39TH STREET  
MIAMI FL 33137

Mailing Address

167 N.E. 39TH STREET  
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1997

4. FEI Number

65-0776436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7825 NW 29th St.

2a. Mailing Address

26 7825 NW 29th St.

Suite, Apt. #, etc.

22 145

Suite, Apt. #, etc.

27 145

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33122

Country

25 USA

Zip

29 33122

Country

30 USA

9. Name and Address of Current Registered Agent

VIDAL, ERIC  
4344 S.W. 7TH STREET  
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

ERIC VIDAL

82 Street Address (P.O. Box Number is Not Acceptable)

11091 NW 70 St

83

84 City MIAMI

FL

85 Zip Code

33178

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]*

DIRECTOR

04/23/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME VIDAL, ERIC  
STREET ADDRESS 167 N.E. 39TH STREET  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition  
1.2 NAME ERIC VIDAL  
1.3 STREET ADDRESS 11091 NW 70 St  
1.4 CITY-ST-ZIP MIAMI, FL 33178

2.1 TITLE T/S ☐ Change ☒ Addition  
2.2 NAME MONICA CASANOVA-VIDAL  
2.3 STREET ADDRESS 11091 NW 70 St  
2.4 CITY-ST-ZIP MIAMI, FL 33178

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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(2)(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 307, 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:

*[Signature]*

MONICA CASANOVA-VIDAL

04/23/99

463-9449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

C daytime Phone #

CR2E034 (11/98)

01/8287