**FILED** \_. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00 **PROFIT** Apr 16 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000071450 (5) **DOCUMENT #** AJAA VIDEO CORP. Principal Place of Business Mailing Address 425-C S.W. 22ND AVENUE 425-C S.W. 22ND AVENUE MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0784658 21 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name ROQUE, RICARDO 7925 N.W. 12TH STREET **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 324 R. **MIAMI FL 33126** City Zip Code 11. Pursuant to the provisions of Sections 607.0307 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 to military with and accept the obligations of, Section 607.0505, Florida Statutes. 10 SIGNATURE of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 THLE Change ☐ Addition ROQUE, RICARDO NAME 1.2 NAME 425-C S.W. 22ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33135** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TIFLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CiTY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

14. Thereby 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 of suppliemental 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 of the corporation of the receiver of the rece

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

4/07/98

Change

☐ Addition