

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90016 043 ***150.00

DOCUMENT # P97000101790

1. Corporation Name
JURASIC VIDEO INC.

Principal Place of Business
5832 W FLAGLER ST
MIAMI FL 33144
US

Mailing Address
6095 WEST 19TH AVENUE
APT 212
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1997

4. FEI Number
65-0797465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

21 5853 W FLAGLER ST
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME.
Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

27 City & State

28

24 Zip Country

25 33144 MIAMI

29 Zip Country

30

9. Name and Address of Current Registered Agent

MONTANO, YOSBANY
6095 WEST 19TH AVENUE
APT 212
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 YOSBANY MONTANO (PRESIDENT)

(NOTE: Registered Agent signature required when replacing)

DATE

06-19-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MONTANO, YOSBANY
STREET ADDRESS 6095 WEST 19TH AVENUE, APT 212
CITY-ST-ZIP HIALEAH FL 33012

TITLE VD
NAME FERNANDEZ, ALEJANDRO
STREET ADDRESS 6095 WEST 19TH AVENUE, APT 212
CITY-ST-ZIP HIALEAH FL 33012

TITLE STD
NAME VALENCIA, CARMEN
STREET ADDRESS 6095 WEST 19TH AVENUE, APT 212
CITY-ST-ZIP HIALEAH FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0127472

CR2E034 (1/98)