

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
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90004 049 ***150.00

DOCUMENT # P98000032412

1. Corporation Name

PIO VDX PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

APRIL 8, 1998

4. FEI Number

650830265

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 2995 FLAMINGO DRIVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI BEACH, FLORIDA

Zip

24 33140

Country

25 USA

2a. Mailing Address

26 SAME (2995 FLAMINGO DRIVE)

Suite, Apt. #, etc.

27

City & State

28 MIAMI BEACH, FLORIDA

Zip

29 33140

Country

30 USA

9. Name and Address of Current Registered Agent

ADALBERTO GIRALDO
1450 MERIDIAN AVENUE #8
MIAMI BEACH, FL, 33139

10. Name and Address of New Registered Agent

81 Name

ADALBERTO GIRALDO

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

2995 FLAMINGO DRIVE

83

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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

ADALBERTO GIRALDO (PRESIDENT)

APRIL 27/1999

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 PRESIDENT ☐ DELETE

NAME ADALBERTO GIRALDO
STREET ADDRESS 2995 FLAMINGO DRIVE
CITY-ST-ZIP MIAMI BEACH, FL, 33140

TITLE VICEPRESIDENT ☒ DELETE

NAME DICKEN SCHRADER
STREET ADDRESS 1450 MERIDIAN AVE #8
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE TREASURER ☒ DELETE

NAME ARTURO HERNANDEZ
STREET ADDRESS 1450 MERIDIAN AVE #8
CITY-ST-ZIP MIAMI BEACH, FL 33139

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 ☐ 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:

ADALBERTO GIRALDO (P)

APRIL 27/1999

(305) 6049585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)