2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P98000049108 AUDIO VIDEO GALLERY, INC. 04-25-2000 90033 027 ***150.00 Principal Place of Business Mailing Address 927 CRANDON BLVD 927 CRANDON BLVD KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149-2752 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0863389 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAURICIO DEL CORRAL SUAREZ, EMILIU Street Address (P.O. Box Number is Not Acceptable) 927 CRANDON BOLULEVARD SUITE 14 927 CRANDON BLVD #14 **MIAMI FL 33145** Zip Code 33149 KEY BISCAYNE, FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. MAURICIO DEL CORRAL of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITI F President Change ☐ Addition ☐ Delete TITLE DEL CORRAL, MAURICIO NAME DEL CORRAL MAURICIO NAME STREET ADDRESS 2921 CORAL WAY STREET ADDRESS 927 CRANDON BOULEVARD SUITE 14 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** KEY BISCAYNE, FL 33149 Change ☐ Addition Delete TITLE TITLE SUAREZ, EMILIU NAME NAME STREET ADDRESS STREET ADDRESS 927 CRANDON BLVD #14 CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE **DEL CORRAL. MAURICIO** NAME NAME STREET ADDRESS STREET ADDRESS 927 CRANDON BLVD #14 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an applicable.

4-17-00

Daytime Phone #

Date

MAURICIO DEL CORRAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR