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**

DOCUMENT # P98000058597

1. Corporation Name

MIAMI FILM & VIDEO SERVICES CORPORATION

May 03, 1999 8:00 am Secretary of State

05-03-1999 90021 002 ***150.00



Principal Place of Business	Mailing Address					
1170 WEKIVA SPRINGS ROAD	1170 WEKIVA SPRINGS ROA	D				
LONGWOOD FL 32779	LONGWOOD FL 32779		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NOT WRITE IN THIS	SDACE	
			3. Date incorporated		OF ACL	
			06/29/1998			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		An An	plied For
۸ د ۱ د ⊶میرسد ⊟		ncia Ave	4.		F-1	t Applicable
21 745 Valencia Ave-	Suite, Apt. #, etc.	ICIP MIL	-		\$8.75	- · · · · · · · · · · · · · · · · · · ·
	27 2		5. Certificate of Status	Desired	•	quired -
City & State	City & State	^	6. Election Campaign	Financing	\$5.00	May Ro
¬ > . UM AA 12.0	28 Coral 9able	ج . F.V	Trust Fund Contrib	-	Added t	
Zip Country Country	Zip Zip	Country		ves the current year Inta		
¬		ต ับร ์	Personal Property		⊠ Yes	□No
24 35139 25 VS 17 g, Name and Address of Currer		0 0 11		s of New Registered		
g, Name and Address of Corre	it Neglatered Agent	81 Name	~ \	<u> </u>		
SCHAEFER, BRIAN D		<u> </u>	- garardo	raimer		
1170 WEKIVA SPRINGS ROAD		82 Street Add	ress (P.O. Box Number is	Not Acceptable)		
LONGWOOD FL 32779		83	0 NW 19	621		
Editorio OD TE GELTO		03				1
		84 City ~~	• • •		85 Zip (
	<u> </u>	1 1 17 1	iami :	<u> </u>		3018
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this stater	nent for the purpose of ereby accept the appoir	changing its atment as re	registered distered
agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statutes.	Off 3 Board of directors. Th	,		
	mer			4/05/9	9	ļ
Signature, typed or printed name of registered age		Registered Agent signature require		DATE		
12. OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANG	SES TO OFFICERS AN		
TITLE D	☐ DELETE	1.1 TITLE		_	☐ Change	☐ Addition i
NAME BARDISA, J. DANILO	•	1.2 NAME	Eduardo Pa	mer		
STREET ADDRESS 1170 WEKIVA SPRINGS ROAD		1.3 STREET ADDRESS	8840 NW 196	6 ST		
CITY-ST-ZIP LONGWOOD FL 32779		1.4 CITY-ST-ZIP	Miami E	7 33018		
TITLE	DELETE	2.1 TITLE		•	☐ Change	☐ Addition
NAME		2.2 NAME				
		2.3 STREET ADDRESS				
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- Criy-ST-ZIP		3.1 TITLE			Change	☐ Addition
	<u></u>	3.2 NAME				ļ
NAME						}
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TITLE	□ here ic	4.1 TITLE				ا العدالية ا
NAME		4.2 NAME				
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City-St-Zip		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				l
CITY-ST-ZIP	•	5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
OTHECT HOURESO						
CITY-ST-ZIP		6.4 CITY-ST-ZIP				ļ

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: