## 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 # P98000074504

1. Corporation Name

SHOPPING CHANNEL, INC.

| Principal Pla | ice of | Business |
|---------------|--------|----------|
|---------------|--------|----------|

Mailing Address

## FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90002 040 \*\*\*450.00



| 940 LINCOLN RD. MALL. STE. 204<br>MIAMI BEACH FL 33139-2610 |  | 940 LINCOLN RD. MALL. STE. 204<br>MIAMI BEACH FL 33139-2610         |                           | DO NOT WRITE IN                                       | THIS SPACE   |                         |                               |  |
|---|--|---|---------------------------|---|--|-------------------------|-------------------------------|--|
|   |  |   |                           |   | 3. Date Incorporated or Qualifed 08/24/1998  |                         |                               |  |
| 2. Principal Pla  | ace of Business  | 2a. Mailing Address   |                           |   | 4. FEI Number 085 99 25  | L A                     | Applied For<br>lot Applicable |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |                           |   | 5. Certifcate of Status Desired  | \$8.75                  | Additional<br>Required        |  |
| City & State  | •  | City & State  |                           |   | 6. Election Campaign Financing Trust Fund Contribution                                     | * *                     | May Be<br>to Fees             |  |
| Zip<br>24   | Country 25   | Zip   | Country                   | 1   | This corporation owes the current ye     Personal Property Tax.                            | ear Intangible<br>☐ Yes | □No                           |  |
|   | 9. Name and Address of Current   | Registered Agent  |                           |   | 10. Name and Address of New Regist   | ered Agent              |                               |  |
|   |  |   | 81                        | Name  |  |                         |                               |  |
| DE PAZ, JOSE MIGUEL<br>940 LINCOLN RD. MALL, STE. 204       |  |   | 82                        | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                         |                               |  |
| MAIM  | AI BEACH FL 33139-2610   |   | 83                        |   | <u> </u>   |                         |                               |  |
|   |  |   | 84                        | City  |  | FL 85 Zip               | Code                          |  |
| office or re<br>agent. I ar<br>SIGNATURE                    | agistered agent, or both, in the State on the state of the initial matter and accept the obligation in the state of the initial state o | of Florida. Such change was aut<br>ons of, Section 607.0505, Florid | norized by<br>la Statutes | the corporati   | poration submits this statement for the purpoint's board of directors. I hereby accept the | арропинен аз і          | egistered                     |  |
|   | Signature, typed or printed name of registered agent   |   |                           | nt signature require                                  | red when reinstating) DA   |                         |                               |  |
| 12.   | OFFICERS AND   |   | 13.                       |   | ADDITIONS/CHANGES TO OFFICER   |                         |                               |  |
| TITLE   | D  | ☐ DELETE  | 1.1 TITLE                 |   |  | ☐ Charige               | e 🗌 Addition                  |  |
| NAME  | DE PAZ, JOSE MIGUEL  |   | 1.2 NAME                  |   |  |                         | {                             |  |
| STREET ADDRESS  | 7525 E. TREASURE DR., STE. 4   | <b> -J</b>  | 1.3 STREE                 | TADDRESS  |  |                         | ļ                             |  |
| CITY-ST-ZIP   | N. BAY VILLAGE FL 33141  |   | 1.4 CITY-5                | T-ZIP   |  |                         | FT A 4 PC                     |  |
| TITLE   | D  | ☐ DELETE  | 2.1 TITLE                 |   |  | Change                  | e 🔲 Addition                  |  |
| NAME  | ARANGO, LUZ MARIA  |   | 2.2 NAME                  |   |  |                         |                               |  |
| STREET ADDRESS  | 7525 E. TREASURE DR., STE. 4   | <b>l-J</b>  | 2.3 STREE                 | T ADDRESS   |  |                         |                               |  |
| CITY-ST-ZIP   | N. BAY VILLAGE FL 33141  |   | 2. 4 CITY-                | ŞT-ZIP  |  |                         |                               |  |
| TITLE   | D .  | ☐ DELETE  | 3.1 TITLE                 | ì   |  | ☐ Change                | e ☐ Addition                  |  |
| NAME  | MONCADA, LIDIA YANETH  |   | 3.2 NAME                  |   |  |                         |                               |  |
| STREET ADDRESS  | 7525 E. TREASURE DR., STE. 4   | N   | 3.3 STREE                 | TADORESS  |  |                         |                               |  |
| CITY-ST-ZIP   | N. BAY VILLAGE FL 33141  |   | 3.4. CITY-                | ST-ZIP  |  |                         |                               |  |
| TITLE   | D  | ☐ DELETE  | 4.1 TITLE                 |   |  | Change                  | e ☐ Addition                  |  |
| NAME  | arango, katherine g  |   | 4.2 NAME                  | 1   |  |                         | }                             |  |
| STREET ADDRESS  | 7525 E. TREASURE DR., STE. 4   | H   | 4.3 STREE                 | TADDRESS  |  |                         |                               |  |
| CITY-ST-ZIP   | N. BAY VILLAGE FL 33141  |   | 4.4 CITY-S                | ST-ZIP  |  |                         |                               |  |
| TITLE   | D  | ☐ DELETE  | 5.1 TITLE                 |   |  | Change                  | e 🔲 Addition                  |  |
| NAME  | GOMEZ ARANGO, MARIA FERN   | ianda   | 5.2 NAME                  |   |  |                         |                               |  |
| STREET ADDRESS  | 7525 E. TREASURE DR., STE. 4   | <b>L</b> J  | 5.3 STREE                 | TADDRESS  |  |                         | 1                             |  |
| C/TY-ST-ZIP   | N. BAY VILLAGE FL 33141  |   | 5.4 CITY-5                | ST-ZIP  |  |                         |                               |  |
| TITLE   | D //   | DELETE  | 1 TITLE                   |   | •  | Change                  | e 🗌 Addition                  |  |
| NAME  | DE PAZ, DIEGO FELIPE //  | / / /   | 6.2 NAME                  |   |  |                         |                               |  |
| STREET ADDRESS  | 7525 E. TREASURE DR., STE. 4   | $oldsymbol{H}$ / /  | 6.3 STREE                 | TADDRESS  |  |                         |                               |  |
| CITY-ST-ZIP   | N. BAY VILLAGE FL 33141  |   | 6.4 CITY-5                | ST-ZIP  |  |                         |                               |  |

I hereby certify that the information supplied with this fling 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 supplementary 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 of 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 attaching with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #