


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90199 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000089621**

1. Corporation Name  
**AVP MULTIMEDIA, INC.**

Principal Place of Business 1696 SOUTH 22ND AVENUE HOLLYWOOD FL 33020	Mailing Address 13499 BISCAYNE BOULEVARD SUTIE 1614 NORTH MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>13499 BISCAYNE BLVD.</b>	2a. Mailing Address 26 <b>Suite, Apt. #, etc.</b>
22 <b>Suit 211</b>	27 <b>Suite, Apt. #, etc.</b>
23 <b>CITY &amp; STATE</b> <b>NORTH MIAMI - FL.</b>	28 <b>CITY &amp; STATE</b>
24 <b>Zip</b> <b>33181</b>	25 <b>Country</b> <b>USA.</b>
29 <b>Zip</b>	30 <b>Country</b>

3. Date Incorporated or Qualified <b>10/21/1998</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <b>65-0870537</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINA, OSSAMA S	1.2 NAME	
STREET ADDRESS	1696 SOUTH 22ND AVENUE	1.3 STREET ADDRESS	<b>19370 COLLINS AV. # 603</b>
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	<b>N. Miami Beach FL-33160</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINA, MARIAM S	2.2 NAME	
STREET ADDRESS	1696 SOUTH 22ND AVENUE	2.3 STREET ADDRESS	<b>13499 Biscayne Blvd #1614</b>
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	<b>N. MIAMI FL-33181</b>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHAY, SAMI M	3.2 NAME	
STREET ADDRESS	1696 SOUTH 22ND AVENUE	3.3 STREET ADDRESS	<b>13499 Biscayne Blvd #1614</b>
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	<b>N. MIAMI FL-33181</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ DATE: **1/20/99** DAYTIME PHONE #: **305-9406677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (11/98)