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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$16340

(9)

VIDEO BROCHURES, INC.

**FILED** Apr 07 1997 8:00am Secretary of State

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Principal Prace of Business Mailing Address						1 51910 51511 5150)		219111901
1881 NE 26 S	TREET	1881 N.E. 26TH STREET						
STE 212A	U.F. EL 9000C	STE 212A FT. LAUDERDALE FL 33305	.1418		1			
FT. LAUDERDALE FL 33305 US		US			3. Date Incorporated or Qualified	3a. Date o	of Last R	eport
••					11/30/1990	05/01/		
2. Principal P	lace of Business	2s. Mailing Address			4. FEI Number			plied For
21		26			65-0237894			t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status Desired	Ŭ .	Fee Re	
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	io Fees
Zip	Country	Zip	Count	lry	8. This corporation has liability for	intangible tax	under s.	. 199.032,
24	25		30			Yes 🛂		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Age	<u>nt</u>	······
	rtini, gregory t.		*	1 Name				
	5 LEJEUNE RD SUITE 1101		8	2 Street Ad	dress (P.O. Box Number is Not Acceptal	ole)		,
COI	RAL GABLES FL 33134		-					
			8	3				
			8	4 City		6	5 Zip (	Code
					orporation submits this statement for the pation's board of directors. I hereby acce	FL		
SIGNATURE	Signarure, typic Loc printed name of registered as	port and title if applicable (NOTE ND DIRECTORS	: Registered /	Agent signature rec	guired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DII	RECTOR	S IN 12
TILE	PSDT	DELETE	1.1 TITL	- T	7,00,000,000,000,000,000,000,000,000,00		Change	Addition
NAME	MARTINI, ERIC T.		1.2 NAM	1		***	•	
STREET ADORESS	1881 NE 26 STREET, #212A		1.3 STR	ET ADDRESS				
CITY-S1-ZIP	FT. LAUDERDALE FL		1.4 CITY	-ST-2(P				
TITLE		DELETE	2.1 TITU				Change	Addition
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 STR	ET ADDRESS	٠.,			
City St-7iP			2. 4 CIF	r-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL	E			Change	Addition
NAME			3.2 NAV	ie				
STREEL ADDRESS			3.3 STR	EET ADORESS				
CITY - S1 - ZIP			3.4. C/T	r-ST-ZIP				
TITLE		DELETE	41 TITL	E			Change	Addition
NAME			4. 2 NA	NE				
STREET ADDRESS				ET ADDRESS				
CITY ST-ZIP		, Dri Ett		-ST-ZIP			Change	I dalle-
TITLE		DELETE	5.1 TITE	[		L.J	Change	Addition
NAME			5.2 NAM					
STREET ADDRESS				EET ADDRESS				
CHTY-ST-ZIP		DELETE		-ST-ZIP			Change	Addition
TITLE		רון טנונכוני .	6.1 T(T). 6.2 NAM			L.,_	ongrige.	L. AUGIERI
NAME STREET ADDRESS				EET ADDRESS				
CITY S1 ZIF	<u> </u>		04 (//)	·ST-ZIP				

I do hereby certify that the information supplied with this filling 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DET