SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:13

DOCUMENT # S66948 (8)

1. Corporation Name
VIDICOMP DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6303 BLUE LAGOON DR. #110 MIAMI FL 33126	6303 BLUE LAGOON DR. #110 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1991
3a. Date of Last Report: 10/19/1994

2. Principal Place of Business	2a. Mailing Address
21 6100 BLUE LAGOON DR.	26 6100 BLUE LAGOON DR.
Suite, Apt. #, etc.: 22 100	Suite, Apt. #, etc.: 27 100
City & State: 23 MIAMI, FLORIDA	City & State: 28 MIAMI, FLORIDA
Zip: 24 33126 Country: 25 DADE	Zip: 29 33126 Country: 30 DADE

4. FEI Number: 65-0439357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AIRAN, LALITA D
6303 BLUE LAGOON DR., #110
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: AIRAN, LALITA D.
82 Street Address (P.O. Box Number is Not Acceptable): 6100 BLUE LAGOON DR, #100
83
84 City: MIAMI FL 85 Zip Code: 33126

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 607.0503, Florida Statutes.

SIGNATURE: Lalita D. Airan 6/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	AIRAN, LALITA D	12 NAME	
STREET ADDRESS	6303 BLUE LAGOON DR., #110	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	AGGARWAL, MUKTA	22 NAME	
STREET ADDRESS	232 WEST 38TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77018	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	AGGARWAL, ~~MUKTA~~ Anil	32 NAME	
STREET ADDRESS	232 WEST 38TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77018	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lalita D. Airan 6/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0034897 CR