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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortifam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$66948

(8)

VIDICOMP DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Bus	iness	Mailing Address					
8100 BLUE LAGOON D 100 MIAMI FL 33126 US	RIVE	6100 BLUE LAGOON DRIVE 100 Miami FL 33126-2085 US					
2. Principal Place of E	Business	28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State					
Sulte, Apt. #, etc.							
City & State							
Zip	Country	Zip	Country				

**FILED** Jun 04 1997 8:00am Secretary of State



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Principal Plac	e of Business		Mailing Address				I ERRYGIO IR OLLIO OLIGO FORM BIOGRADO						
8100 BLUE LAGOON DRIVE			6100 BLUE LAGOON DRIVE				· ·						
100 MIAMI FL 33126 US			100 MIAMI FL 33126-2085 US										
							9 Data lasses and all a Control	10- 5			<del></del>		
							<ol> <li>Date Incorporated or Qualified 07/11/1991</li> </ol>	3a. Date of Last Report 04/23/1996					
	Place of Business	_ :	2a. Mailing Address				4. FEI Number			Ap	plied For		
21		2	6				65-0439357			No	t Applicable		
Sulte, Apt.	#, etc.	_	Suite, Apt. #, etc.				5. Certificate of Status Desired	M			dditional		
City & Stat		2	7						F	ee Re	quired		
23	l <del>e</del>	<u> </u>	City & State	ļ			6. Election Campaign Financing				Мау Ве		
Zip	Countr		8 Zip		untry		Trust Fund Contribution				o Fees		
24	25	´	9	30	ar itir y		This corporation has hability for Florida Statutes		tax un ⊒ No	der s.	199.032,		
	9, Name and Addre			30	Γ.		10. Name and Address of New R						
AIR	AN, LALITA D		•		81	Name	10. 10. 10. 11.	ogistorou	- gont				
	O BLUE LAGOON DR	iv <b>F</b>			Ĺ								
100		•••			82	Street A	ddress (P.O. Box Number is Not Accepta	ible)					
, ,,,,,	MI FL 33126				83								
****													
					84	City		FL	85	Zip C	ode		
11. Pursuant	to the provisions of Sec	tions 607.0502 and	d 607.1508, Florida Statu	les, the a	bove	-named o	orporation submits this statement for the		chanc	ina its	registered		
Office of t	registerea agent, or bott	i. In the State of Fr	orida. Such change was s of, Section 607.0505, F	authorize	d by	the com	orporation's tition the statement for the pration's board of directors. Thereby acce	opt the app	ointme	nt as r	registered		
SIGNATURE	Signature, typed or printed name	e of registered agent and	title if applicable (NO	1E: Beyistere	d Age	rt signature re	quied when relistating)	DATE					
12. 🛰		FFICERS AND DIF		13.		<del></del>	ADDITIONS/CHANGES TO OFF	CERS AND	DIREC	CTOR!	S IN 12		
TITLE	SD		☐ DELETE	1 1 Ti	TLE				Ch	ange	Addition		
NAME	AIRAH, LALITA D			12 N/	AMé								
STREET ADDRESS	6100 BLUE LAGOO	ON DRIVE, #100		1.3 \$1	TREE1	ADDRESS							
CITY-ST-ZIP	MIAMI FL			1.4 CI	1Y - S	T-ZIP							
FITLE	TD	••	DELETE	211	TLE				Ch	ange	Addition		
NAME	AGGARWAL, MUKT			2.2 N/	AME								
STREET ADDRESS	232 WEST 38TH ST			2.3 \$1	TREE T	ADDRESS							
CITY-ST-ZIP	HOUSTON TX 7701	18	001575	2.4 C		1 - 7 2					<u></u>		
TITLE	AGGARWAL, ANIL		DELETE	3.1 TI					Chi	ange	Addition		
NAME STREET LODGESS	232 WEST 38TH S	TOCCT		3.2 N/									
STREET ADDRESS	HOUSTON TX	INCE		ŀ		AODRESS							
CITY-ST-ZIP TITLE	1100010IN IX		DELETE	3.4. C		1 - <b>7</b> 1P					1.1100		
NAME			C Dett 16	4111					∐ Cha	niße	L Addition		
STREET ADDRESS				4. 2 N									
CITY-ST-ZIP						ADDRESS							
TITLE			DELETE	4.4 CI 5.1 TII		I - ZIP			Cha		Addition		
NAME				5.1 NA					Land Like	" ige	- Adomon		
STREET ADDRESS						ADDDECC							
CITY-SY-ZIP				1		ADDRESS							
TITLE			DELETE	5.4 CI 6.1 TIT		- 711.			Cha		Addition		
NAME				6.2 NA		1			اللا وسي	go	Addition		
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP													
	au agrifu that the informe	ation aurophod with	41 - 41 - 1	6.4 CI	11-5	- 11							

on prepay 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 eath, 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.