

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S66948** ✓

1. Corporation Name

VIDICOMP DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business

6100 BLUE LAGOON DRIVE
100
MIAMI FL 33126
US

Mailing Address

6100 BLUE LAGOON DRIVE
100
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1991

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **NONE**

2a. Mailing Address

26 **10998 WILCREST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

27 City & State

28 Zip

29 Country

30

HOUSTON, TX

77099

9. Name and Address of Current Registered Agent

AIRAN, LALITA D
6100 BLUE LAGOON DRIVE
100
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

LALITA D. AIRAN

82 Street Address (P.O. Box Number is Not Acceptable)

275 SOUTHWEST 13th STREET

83

84 City

MIAMI

FL

85 Zip Code
33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE

NAME **AIRAN, LALITA D**

STREET ADDRESS **6100 BLUE LAGOON DRIVE, #100**

CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE

NAME **AGGARWAL, MUKTA**

STREET ADDRESS **232 WEST 38TH STREET**

CITY-ST-ZIP **HOUSTON TX 77018**

TITLE **PD** ☐ DELETE

NAME **AGGARWAL, ANIL**

STREET ADDRESS **232 WEST 38TH STREET**

CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **275 SOUTHWEST 13th STREET**

1.4 CITY-ST-ZIP **MIAMI 33130**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **4127 Marlowe**

2.4 CITY-ST-ZIP **HOUSTON TX 77005**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **4127 Marlowe**

3.4 CITY-ST-ZIP **HOUSTON, TX 77005**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

MUKT AGGARWAL *Mukla Aggarwal* 7/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)