

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Meynham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V00744 (5)

1. Corporation Name
B.B.B. SUPER VIDEO CORP.

Principal Place of Business 3500 S.W. 8TH STREET MIAMI FL 33135	Mailing Address 3500 S.W. 8TH STREET MIAMI FL 33135
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0300852	Applied For Next Ascendible
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	

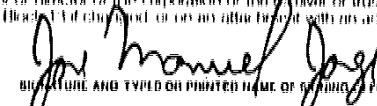
9. Name and Address of Current Registered Agent JOSE, JORGE M 3500 S.W. 8TH ST. MIAMI FL 33135	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the 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 of person authorized to register agent and file this report. If the registered agent is a corporation, the signature of an officer or director is required.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PT JORGE, JOSE M. 5830 SW 2ND STREET MIAMI FL	1. TITLE 1. NAME 1. STREET ADDRESS 1. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY, ST, ZIP	☐ Change ☐ Addition

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 199.032, 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 person or persons authorized to execute this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an office form with my address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
55 MAR 22 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****200.00 *****200.00

3/22/95
AJS