**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) B.B.B. SUPER VIDEO CORP. Principal Place of Business Mailing Address 3500 S.W. 8TH STREET 3500 S.W. 8TH STREET MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0300852 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired 22 27 City & State City & State Election Campaign Financing 23 Trust Fund Contribution 28 Ζıρ Country Country 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JOSE, JORGE M 3500 S.W. 8TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 83 City 85 SIGNATURE (NOT) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE Change TITLE 1.1 1/11/6 JORGE, JOSE M. 1.2 NAME NAME 5830 SW 2ND STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - 7:P DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS

## **FILED** Feb 05 1998 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Zip Code 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition 2.4 CITY - ST - ZIP CITY-ST-ZIP Change DETETE 31 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 THEF TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY+S1-7IP DELETE Change Addition THILE 5.1 7HLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 DITY-ST-ZIP DETEN ☐ Addition 6.1 TITLE TITLE 9000024244 G.2 NAME NAME -02/09/98--01005--020 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 64 CITY- \$1-7IP

14. Thereby 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 a

1-16-98 (305)5679689