FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 PM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V30343** **(0)**

1. Corporation Name

AUDIO & VIDEO INSTALLATIONS SPECIALIST INC.

Principal Place of Business	Mailing Address
PO BOX 848067 HOLLYWOOD FL 33084	PO BOX 848067 HOLLYWOOD FL 33084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1992**

3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: County — 25:

Zip — 29: County — 30:

4. FEI Number: **65-0332312** ☐ 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 § 199.032 Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FARACH, CARLOS A
631 N. 74 AVE
HOLLYWOOD FL 33024

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

11. Pursuant to the provisions of Section 607.0501 and/or 617.1908 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
15 TYPE	P	51 TYPE ☐ Change ☐ Addition
16 NAME	FARACH, CARLOS A	52 NAME
17 STREET ADDRESS	631 N. 74 AVE	53 STREET ADDRESS
18 CITY ST ZIP	HOLLYWOOD FL	54 CITY ST ZIP
19 TYPE	ST	55 TYPE ☐ Change ☐ Addition
20 NAME	FARACH, JOAN M	56 NAME
21 STREET ADDRESS	631 N. 74 AVE	57 STREET ADDRESS
22 CITY ST ZIP	HOLLYWOOD FL	58 CITY ST ZIP
23 TYPE		59 TYPE ☐ Change ☐ Addition
24 NAME		60 NAME
25 STREET ADDRESS		61 STREET ADDRESS
26 CITY ST ZIP		62 CITY ST ZIP
27 TYPE		63 TYPE ☐ Change ☐ Addition
28 NAME		64 NAME
29 STREET ADDRESS		65 STREET ADDRESS
30 CITY ST ZIP		66 CITY ST ZIP
31 TYPE		67 TYPE ☐ Change ☐ Addition
32 NAME		68 NAME
33 STREET ADDRESS		69 STREET ADDRESS
34 CITY ST ZIP		70 CITY ST ZIP
35 TYPE		71 TYPE ☐ Change ☐ Addition
36 NAME		72 NAME
37 STREET ADDRESS		73 STREET ADDRESS
38 CITY ST ZIP		74 CITY ST ZIP

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 above, or on an attachment with an address.

SIGNATURE: Carl G. Farach — 5/5/95 — 901-2029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0426503 FP