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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # V33575** 

(4)

AV SYSTEMS AND EXPORTS, INC.  Principal Place of Business						
US		US		3. Date Incorporated or Qualified 05/05/1992	3a. Date of Last Report 04/05/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
1556	) SW 53 ST	26 15560 SW	53 ST	65-0330030	Not Applicable	
Suite, Apt #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		Or Certificate of States Desired	Fee Required	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	,	6. Election Campaign Financing	\$5.00 May Be	
23 M( A1 Zip	Country	28 M (A)	Country	Trust Fund Contribution  8. This corporation has liability for		
33185	25 USA		0	Florida Statutes	Yes No	
	9. Name and Address of Current		<u>-</u>	10. Name and Address of New F	Registered Agent	
SOT	O, ALBERTO		81 Name			
	0 SOUTHWEST 53RD STREET II FL 33185		82 Street /	Address (P.O. Box Number is Not Accept	able)	
			84 City		85 Zip Code	
					FL	
office or re agent Lan	o the provisions of Sections 607.0502 gistered agent, or both, in the State on infamiliar with, and accept the obligat	and 607.1508, Florida Statutes of Florida. Such change was au lions of, Section 607,0505, Flori	, the above-named thorized by the corp da Statutes.	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered	
SIGNATURE					DATE	
12.	signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature	ADDITIONS/CHANGES TO OFF		
TifuE	V	DELETE	11 TITLE	<del></del>	Change Addition	
NAME	SOTO, LAURA I		1.2 NAME	com ALBERTO +		
STREET ADDRESS	15560 S.W. 53RD STREET		1.3 STREET ADDRESS	15560 SW 53RD ST HIAMITE 33185		
CHY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	him. To 33185		
THE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			. 2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CHTV - ST - ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition	
TOLE		L) DELETE	3.1 TITLE		FT CHRUBS FT WOOGHOU	
NAME EXPERA ADODRAG			3.2 NAME			
STREET ADDRESS		•	3.3 STREET ADDRESS			
C(1Y-S1-2IP 1/1Lf		DELETE	3.4. CITY-ST-ZIP		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIF			4.4 CITY-ST-ZIP			
TITLE	······································	DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	
COLY - ST - ZIF			5.4 CITY - ST - ZIP			
TILF		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			62 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS			
CHY-ST-7IP			6.4 CITY-ST-ZIP			
information t am an of	y certify that the information supplied i indicated on this annual report or slicer or director of the corporation of the corporation.	with this filing does not qualify ipplemental annual report is tru he receive or trustee empower	ror the exemption at e and accurate and ed to execute this r	ated in Section 119.07(3)(i), Florida Statu that my signature shall have the same le eport as required by Chapter 607, Florida	tes. I ruriner certify that the gal effect as if made under oath; that Statutes; and that my name	

**SIGNATURE:** 

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2010

4-16-97

Daytime Phone #

**FILED** 

May 02 1997 8:00am

Secretary of State

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