

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$560 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 NOV 16 PM 3: 15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 325115

1. Corporation Name
 SPIRE AUDIO-VISUAL CO., INC.

Principal Place of Business

24 N W 36TH ST
 MIAMI FL 33127

Mailing Address

24 N W 36TH ST
 MIAMI FL 33127



REINSTATEMENT 99

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/29/1987

4. FEI Number

59-1199518

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

9. Name and Address of Current Registered Agent

BARTHET, PATRICK C.
 200 S BISCAYNE BLVD
 STE 2870
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name JOHN SPIRE
 82 Street Address (P.O. Box Number is Not Acceptable) 5915 SW 113 AVE
 83
 84 City MIAMI FL 85 Zip Code 33127

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 John Spire 11/8/1999
 Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P
 NAME SPIRE, JOHN
 STREET ADDRESS 5915 SW 113TH AVE
 CITY-ST-ZIP MIAMI FL

TITLE
 NAME JOANNA SPIRE
 STREET ADDRESS 5515 SW 113 AVE
 CITY-ST-ZIP MIAMI FL 33123

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME 400003063534-2
 1.3 STREET ADDRESS -12/07/99-01093--002
 1.4 CITY-ST-ZIP *****758.75 *****758.75

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 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: John Spire 5/1/1999 3055765336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

003-0021

CR2E034 (5/99)