## 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 # 403672

(9)

AUDIOTRONHI FIDELITY. CORP.

Principal Place of Business

Mailing Address

ME O W ETTH AVE

145 S W 57TH AVE

 B LIGHT B(P)1 +BB(B +10	 
C 1741	FII #1811 8141 1881

**FILED** 

Apr 30 1997 8:00am

Secretary of State

MIAMI FL 3314	4	MIAMI FL 33144-3411			
				3. Date Incorporated or Qualified 06/22/1972	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1450661	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> ] Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes No
24	9. Name and Address of Curr		1301	10. Name and Address of New Red	
3690 MIAI	NZALEZ,LUIS R O S.W. 21ST STREET MI FL 33145		82 Street Add	ress (P.O. Box Nymber is Not Accepted  Mbroke  poration submits this statement for the p  tion's board of directors. I hereby accept	FL 85 Zn Code 2,9
agent. I a SIGNATURE	m familiar with might great the earl	Janos	orida Statutes	Prostocar -	4/21/97
12.	OFFICERS A	ND DIRECTORS .	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	Р	☐ DELETÉ	1.1 TITLE		Change Addition
NAME	RUSSO, REBECCA		1.2 NAME		
STREET ADDRESS	1121 N.W. 179 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE FL 3	3029 DELETE	1.4 CITY-ST-ZIP		
TITLE	P	, Defete	2.1 TITLE		Change Addition
NAME	GUNZALEZ, LUIS H		2.2 NAME		
STREET ADDRESS	3690 S W 21 ST		2.3 STREET ADDRESS	.:	
CITY-ST-ZIP	MIAMI, FL 00000	T progre	2 4 CHY-ST-ZIP		
TITLE	ADDITION FOR FOLIX	☐ DELETE	31 TITLE		Change Addition
NAME	SPENGLER, FELIX		3 2 NAME		
STREET ADDRESS	17360 N.W. 52 PLACE CAROL CITY FL	مسرسر برودي	3.3 STREET ADDRESS		
CITY-ST-ZIP		33055	3.4 CITY-ST-ZIP		
TITLE	ST ANDROW DEDDO	☐ DELETE	4.1 TITLE		Change Addition
NAME	SANT-ANDREW, PEDRO		4. 2 NAME		
STREET ADDRESS	2881 SW 34 AVENUE	87. 211/	4.3 STREFT ADDRESS		
CITY-ST-ZIP	MIAMI FL 3.31.3	3-3448	4.4 C(1Y - S1 - Z(P		100
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Cham:
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	1	,	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHTY-ST-ZIP		

14. I do 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 a structure of the corporation of 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 structure of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.