## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 10, 2000 8:00 am Secretary of State **DOCUMENT # 403672** AUDIOTRON-HI FIDELITY. CORP. 05-10-2000 90106 047 \*\*\*150.00 Principal Place of Business Mailing Address 145 S W 57TH AVE 145 S W 57TH AVE MIAMI FL 33144-3411 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1450661 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent-Name RUSSO, REBECA Street Address (P.O. Box Number is Not Acceptable) 1121 NW 179 AVE PEMBROKE FL 33029 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE RUSSO, REBECCA NAME NAME 1121 N.W. 179 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE GONZALEZ, LUIS R NAME NAME 3690 S.W 21 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SPENGLER, FELIX NAME NAME 17360 N.W. 52 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL ☐ Change Addition ☐ Delete TITLE TITLE SANT-ANDREW, PEDRO NAME NAME 2881 SW 34 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Detete TITL E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

4/27/00 264-7973 SIGNATURE: