FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **563304** **(5)**

1. Corporation Name
AUDIOSONIC INC.

Principal Place of Business	Mailing Address
4777 N.W. 72ND AVE. **MIAMI FL 33166**	**4777 N.W. 72ND AVE.** **MIAMI FL 33166-5616**

3. Date Incorporated or Qualified: **03/21/1978**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **59-1817535** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAOSA, RAMON DE
13753 S.W. 147 CIRCLE LANE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: **LAOSA, ALICIA DE**
82 Street Address (P.O. Box Number is Not Acceptable): **13753 S.W. CIRCLE LANE # 3 (147 C.L.)**
83 **MIAMI, FLA. 33186**
84 City: **FL** 85 Zip Code

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: Alicia de Laosa — ALICIA DE LAOSA-PRES. — 4/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	XX ☐ Change ☐ Addition
NAME	LAFARGA, ROBERTO	1.2 NAME	LAOSA, ALICIA DE
STREET ADDRESS	14908 S.W. 193RD PLACE	1.3 STREET ADDRESS	13753 S.W. 147 CIRCLE LANE #3
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	MIAMI, FLA. 33166
TITLE	PD XX DELETE	2.1 TITLE	☐ Change XXX Addition
NAME	LAOSA, RAMON DE	2.2 NAME	SCT
STREET ADDRESS	8220 S W 43RD ST	2.3 STREET ADDRESS	DE LAOSA, JOSE LUIS
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	5049 S.W. 4th ST. MIAMI, FLA. 33134
TITLE	SCT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAOSA, ALICIA DE	3.2 NAME	
STREET ADDRESS	8220 S.W. 43RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 an attachment with an address.

SIGNATURE: Alicia de Laosa SIGNATURE REQUIRED — ALICIA DE LAOSA-PRES. — 4/10/97 — 305-599-5227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0237760