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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 579055

1. Corporation Name

PRO SOUND, INC.

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90083 027 \*\*\*150.00



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Principal Place	e of Business	Mailing Address				1 (48)	A1141 (9810 1814 88181 8			iibir 8184) (881	
1375 NE 123RD STREET 1375 NE 123RD STREET											
MIAMI FL 33161 MIAMI FL 33161						-	DO NOT WRITE IN THIS SPACE				
								TE IN THIS	SPACE		
							orated or Qualifed			Į.	
	<u></u>					07/13/19					
2. Principal Place of Business 2a. Mailing Address						4. FEI Numbe				plied For	
21		26				59-18340	<i>)</i> 97			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate o	f Status Desired		\$8.75		
22		27				ļ			Fee Re	<u>-</u>	
City & Stat	e <sub>a s</sub>	City & State				<b>I</b>	mpaign Financing		\$5.00	- 1	
23		28				<del></del>	Contribution		Added t	o Fees	
Zip				ntry		8. This corporation owes the current year Intangible Personal Property Tax  ☐ Yes ☐ No					
24	25	29	30				operty Tax.		Yes		
	9. Name and Address of Current	Registered Agent		81 Na	me	10. Name and	Address of New F	cegistered A	.gent	_	
CINIS	row, rod			01 148	ime						
				82 St	reet Addre	ess (P.O. Box Nun	nber is Not Accepta	able)			
560 NE 124 ST MIAMI FL 33161											
MIAI	WH FL 33101			83						İ	
				84 Ci	tv				85 Zip (	Code	
					•			<u> </u>	1 .		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida St	atutes, the a	ove-na	med corpo	oration submits thi	s statement for the	purpose of o	changing its	registered	
office or r	registered agent, or both, in the State of me familiar with, and accept the obligation	of Florida. Such change wa ions of, Section 607,0505.	as autnorized Florida Stati	by the ( Ites.	corporatio	n s poard of direct	ors. I nereby acce	or the appoin	unent as re	gistered	
•											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered	Agent sign	ature required	when reinstating)		DATE			
12.	OFFICERS AND		13.			ADDITIONS/	CHANGES TO OF	FICERS AN			
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0/7/ 07 7/0	_500 NE 124 ST			ME REET ADDI	RESS 13	375 NG	123 ST	۲.	<b>A</b> ,		
CITY-ST-ZIP	MIAMI, FL 33161		1.3 ST		RESS 13	375 NG	123 S	۲	Α		
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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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNA NING OFFICER OR DIRECTOR