

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 # 653094**

1. Corporation Name

**SOUND BOOTH, CORP.**

Principal Place of Business

**501 WEST 28TH STREET  
HIALEAH FL 33010**

Mailing Address

**501 WEST 28TH STREET  
HIALEAH FL 33010**

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90009 042 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/23/1980**

4. FEI Number

**59-1952598**

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

9. Name and Address of Current Registered Agent

**COBOS, ALEX  
501 WEST 28TH STREET  
HIALEAH, FL  
33010**

10. Name and Address of New Registered Agent

**81** Name **Francisco J. Miret**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**501 West 28th Street**  
**83**  
**84** City **Hialeah** **FL** **85** Zip Code **33010**

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**Francisco Miret**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/27/99**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TSV	MIRET, FRANK	515 SW 63RD AVE	MIAMI, FL 00000	<input checked="" type="checkbox"/>
D	MIRET, FRANK	515 SW 63RD AVE	MIAMI, FL 00000	<input checked="" type="checkbox"/>
PD	COBOS, ALEX	5871 SW 12TH STREET	MIAMI, FL 00000	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	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
PTS	Francisco Miret	11755 S.W. 18 Street #102	Miami, Florida 33175	VP	Fredric Paul	12749 S.W. 147 Street	Miami, Florida 33106																

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/27/99** **305-884-6517**

CR2E034 (11/98)