

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006832 (7)
 1. Corporation Name
D.A.S. AUDIO OF AMERICA, INC.



Principal Place of Business 14141 COVELLO ST #4-C VAN NUYS CA 91405	Mailing Address 14141 COVELLO ST #4-C VAN NUYS CA 91405
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6970 N.W. 50 th St. Suite, Apt. #, etc.		2a. Mailing Address 26 6970 N.W. 50 th St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/27/1996		3a. Date of Last Report	
22 City & State 23 MIAMI, FLORIDA		27 City & State 28 MIAMI, FLORIDA		4. FEI Number 95-4555374		Applied For Not Applicable	
24 Zip 33166		25 Country U.S.A.		29 Zip 33166		30 Country U.S.A.	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCP	<input type="checkbox"/> DELETE		1.1 TITLE	DCP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALABUIG, JUAN ALBEROLA			1.2 NAME	CALABUIG, JUAN ALBEROLA		
STREET ADDRESS	%DAS AUDIO OF AMERICA, INC. 14141 COVELLO			1.3 STREET ADDRESS	%DAS AUDIO OF AMERICA, INC. 6970 N.W. 50 th St.		
CITY-ST-ZIP	VAN NUYS CA 91405			1.4 CITY-ST-ZIP	MIAMI FL 33166		
TITLE	DCV	<input type="checkbox"/> DELETE		2.1 TITLE	DCV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GINER, ROBERTO			2.2 NAME	GINER, ROBERTO		
STREET ADDRESS	%DAS AUDIO OF AMERICA, INC. 14141 COVELLO			2.3 STREET ADDRESS	%DAS AUDIO OF AMERICA, INC. 6970 N.W. 50 th St.		
CITY-ST-ZIP	VAN NUYS CA 91405			2.4 CITY-ST-ZIP	MIAMI FL 33166		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAMON, JOSE MANUEL			3.2 NAME	GAMON, JOSE MANUEL		
STREET ADDRESS	%DAS AUDIO OF AMERICA, INC. 14141 COVELLO			3.3 STREET ADDRESS	%DAS AUDIO OF AMERICA, INC. 6970 N.W. 50 th St.		
CITY-ST-ZIP	VAN NUYS CA 91405			3.4 CITY-ST-ZIP	MIAMI FL 33166		
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERIS, MANUEL			4.2 NAME	PERIS, MANUEL		
STREET ADDRESS	%DAS AUDIO OF AMERICA, INC. 14141 COVELLO			4.3 STREET ADDRESS	%DAS AUDIO OF AMERICA, INC. 6970 N.W. 50 th St.		
CITY-ST-ZIP	VAN NUYS CA 91405			4.4 CITY-ST-ZIP	MIAMI FL 33166		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-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 an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED BY: _____ DATE: 9/1/97

CP2E034 (4/97)