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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:52

DOCUMENT # G81564 (8)

1. Corporation Name
SOUNDS GOOD STEREO & ELECTRONICS, INC.

Principal Place of Business: ~~2217 BISCAYNE BLVD. MIAMI FL 33132~~
Mailing Address: ~~2217 BISCAYNE BLVD. MIAMI FL 33132~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1983
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2339041 — 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 [X] Yes [ ] No

	2. Principal Place of Business		2a. Mailing Address
21	1601 Biscayne Blvd	26	1601 Biscayne Blvd
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Miami Florida	28	City & State: Miami Florida
24	Zip: 33132	29	Zip: 33132
25	Country: U.S.	30	Country: U.S.

9. Name and Address of Current Registered Agent

~~LEWIN, MARC~~
~~1601 BISCAYNE BLVD~~
~~MIAMI FL 33132~~

10. Name and Address of New Registered Agent

81 Name: Goodman Kenneth
82 Street Address (P.O. Box Number is Not Acceptable): 1601 Biscayne Blvd.
83
84 City: Miami FL 85 Zip Code: 33132

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 X Goodman, Kenneth X [signature] X 2/18/95

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

12. OFFICERS AND DIRECTORS

TITLE	~~PD~~
NAME	~~LEWIN, MARC~~
STREET ADDRESS	~~1601 BISCAYNE BLVD~~
CITY ST ZIP	~~MIAMI FL~~
TITLE	~~VD~~
NAME	~~GERSON, KENNETH~~
STREET ADDRESS	~~1601 BISCAYNE BLVD~~
CITY ST ZIP	~~MIAMI FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	[X] Change [ ] Addition
12 NAME	Goodman, Kenneth	
13 STREET ADDRESS	1601 Biscayne Blvd.	
14 CITY ST ZIP	Miami FL 33132	
21 TITLE	VD	[X] Change [ ] Addition
22 NAME	Goodman, Kenneth	
23 STREET ADDRESS	1601 Biscayne Blvd.	
24 CITY ST ZIP	Miami FL 33132	
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X [signature] Pres — 2/18/95 — 3714665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0143886 CP