FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SANDRA B. MORTHAM
Secretary of State

APPROVED AND FILED
95 MAY -1 PM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G97548 (3)

1. Corporate Name
INFINITE AUDIO SYSTEMS, INC.

Principal Office
2821 S. DOUGLAS RD
MIAMI FL 33133
US

Mailing Address
2821 S. DOUGLAS RD.
MIAMI FL 33133
US

3. Date of Incorporation: 03/30/1984
3a. Date of Last Report: 03/14/1994

2. Date of Prior Annual Report
2a. Mailing Address
21
26
Date Agent Name
22
27
Date Agent Name
23
28
24 25 29 30

4. FEI Number: 59-2394895
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. Does corporation qualify for exemption under Section 607.0505, Florida Statutes? Yes No

9. Name and Address of Current Registered Agent
TOUSSAINT, LORD
5520 MAGGIORE ST.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of this corporation are identical to those in effect on the date of the last annual report filed with the Department of State, Tallahassee, Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	TOUSSAINT, LORD M.
STREET ADDRESS	5520 MAGGIORE ST.
CITY, STATE, ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
1. NAME [ ] Change [ ] Address
2. NAME [ ] Change [ ] Address
3. NAME [ ] Change [ ] Address
4. NAME [ ] Change [ ] Address
5. NAME [ ] Change [ ] Address
6. NAME [ ] Change [ ] Address

14. To the best of my knowledge, I hereby certify that the information supplied with this report, including any attachments, is true and accurate and that the corporation has complied with all provisions of Chapter 607, Florida Statutes, whether such compliance is shown by this report or other documents on file with the Department of State. I further certify that I am an officer or director of the corporation or other agent authorized to execute this report on behalf of the corporation, and that the name appearing below or on the attached amendment is a true and accurate reproduction of the signature of such officer or director.

SIGNATURE: T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-95 305-445-7313
Date Phone

0135281 CP