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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L39099

(1)

SOUND PROTECTION, INC. Principal Place of Business Mading Address 9000 SW 40TH STREET 8000 SW 40TH ST MIAMI FL 33165-5343 **MIAMI FL 33165** HS 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1989 08/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0169256 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1: Name Brschof **BISCHOFF, ANTONIO** Antonio 13440 SW 22ND ST Street Address (P.O. Box Number is Not Acceptable) 53 レン よこ みく 対 618 **MIAMI FL 33175** 83 64 City Zip Code 26 Homi 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 printing name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. X Change Addition HILE PRET DELETE 1.1 TITLE Brechoff, Antonia NAME BISCHOFF, MARIA 1.2 NAME **2E034** 531 NU 83 AV # 618 595 NW 127TH AVE. 1.3 STREET ADDRESS STREET ADDRESS Miami - Fl MIAM! FL CiTY-ST-7P 1.4 CITY-ST-ZIP DELETE X Change ___ Addition 2.1 TITLE THEE ANTONIO OBANDO SANCHEZ, RAFAEL 2.2 NAME NAME 1448 200 82 St 296 RACKET CLUB ROAD #106 23 STREET ADDRESS STREET ADDRESS HIAMI - FL 33175 FORT LAUDERDALE 2 4 CITY-ST-ZIP CDY-ST-20 secelory 14/4 DELETE Addition X Channe 3.1 TITLE THLE PICARDOMONTALBAN FERNANDEZ, AN MILENA 3.2 NAME 14472 au 11570 6820 SW 45TH LANE, #5 3.3 STREET ADDRESS STREET ADDRESS MIAMT - FT 3386 MIAM! FL 3.4. CITY-ST-ZIP CiTY - ST - ZiP DELETE Change Addition 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-SY-ZIP CHY-51 20P DELETE Addition 51 TITLE ☐ Change THLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DiTY-ST-ZIP DELETE 6.1 TITLE Change Addition THE 6.2 NAME MAMI 6.3 STREET ADORESS STREET ADDRESS 64 CITY - ST - ZiP 14. Ido 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 disportation 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 of Block 13 changed, or on an attachment with an address.

AMPONIO OBANDO SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 02 1997 8:00am

Secretary of State

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