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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L61707

1. Corporation Name

7EUZ SPEAKER CORP.

2202 01	L/MEII OOM					
Principal Place of Business Mailing Address						1 (40)(4)) at B. att at their leave and the later scale are in a cast and it as a sea and it as a cast a c
% MAHMOD BE	:HNEJAD	% MAHMOD BEHNEJAD	% MAHMOD BEHNEJAD			
8113 NW 54TH ST. P. O. BOX 651342						DO NOT WRITE IN THIS SPACE
MIAMI FL 33166	5	MIAMI FL 33265 US	MIAMI FL 33265			3. Date Incorporated or Qualifed
US US						03/26/1990
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	0.000	26				65-0228741 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip Country Zip		├ ' -	Country			8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		ne i	Al	10. Name and Address of New Registered Agent
pcui	NEIAD MAHMOD			81	Name	
BEHNEJAD, MAHMOD 8113 NW 54TH ST.			ŀ	82	Street Addr	ress (P.O. Box Number is Not Acceptable)
			-			
MIAMI FL 33166			Ì	83		
			Ì	84	City	FL 85 Zip Code
						poration submits this statement for the purpose of changing its registered
office or nagent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga-	ations of, Section 607.0505, Florid	oa Statu	tes.		on's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TIT	LE		Change Addition
NAME	BEHNEJAD, MAHMOD		1.2 NA	ME		
STREET ADDRESS	AAAA ABAL CATU AT		1.3 ST	REET	ADDRESS	•
CITY-ST-ZIP	MIAMI FL		1.4 CIT			·
TITLE	maum I L	☐ DELETE	2.1 TIT			. Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 STI	REET	ADDRESS	
CITY-ST-ZIP			2.4 CF	TY-S	T-ZIP	and the second of the second o
TITLE		☐ DELETE	3.1 TIT	LE		☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 STI	REET	ADDRESS	
CITY-ST-ZIP			3.4. CI	TY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-\$1	T-ZIP	
TITLE		☐ OELETE	5 1 TIT			Change Addition
NAME			5.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CIT		T-ZIP	
TITLE		☐ DELETE	6.1 ∏			☐ Change ☐ Addition
NAME			6.2 NA			
STREET ANDRESS	!		6.3 ST	REET	ADDRESS	

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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR