FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

SHIFTING SANDS STEREO DISTRIBUTING, INC.

Principal Place of Business

Mailing Address

1555 N W 79 AVE. MIAMI FL 33126

1555 N W 79 AVE. MIAMI FL 33126

FILED Jan 29 1998 8:00am Secretary of State



									DO NOT WRITE IN THIS SPACE						
									3. Date Incorporated or Qualified 02/22/1988						
2. Principal	Place of Busines	ss .	2a. Mai	2a. Mailing Address					4. FEI Number			Appli	ed For		
21			26	26					65-0031380			Not A	pplicable		
Suite, Api	t. #, etc.	Suit	Suite, Apt. #, etc.							\$8.7	5 Add	litional			
22		27	27					5. Certificate of Status Desired	لسا		Requ				
City & Sta	ate		City	City & State					6. Election Campaign Financin	g	\$5.0	00 ма	av Be		
23		28	28					Trust Fund Contribution			ed to F	,			
Zip	Country Zip Count						/		8. This corporation owes or ha	s paid the cu	rrent yea	r Intang	gible		
24	25		30	30			Personal Property Tax due June 30. 🔲 Yes 🔲 No								
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent															
HAFT, BARRY J								81 Name							
	1001 S BAYSH				2			82 Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33131-4900							32 Street Address (F.O. Box Number is Not Acceptable								
WALANII 1 L 30101-4000															
						84	City			FI	85 2	Zip Cod	de		
44 Dureuso	t to the provision	e of Sections 6	07 0502 and 607 15	OR Florida Stati	ites the	abovi	e-nam	ed corpor	ration submits this statement for t		f changir	na its re	egistered		
office or	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.														
agent. I	am familiar with,	and accept the	e obligations of, Sec	ction 607.0505, F	-lorida Si	atutes	s.			-					
SIGNATURE										DATE					
10	Signature, typed or		tered agent and litte if appl RS AND DIRECTOF		13		ent signa	ure required	when reinstating) ADDITIONS/CHANGES TO O		n DIRECT	ORS I	N 12		
TITLE	DVPS	OFFICE	TIO AND DIFFEOTOR	DELETE		TITLE		1	ADDITIONO/OFFATOLO TO O	110010701	☐ Chan		Addition		
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CITY-ST-ZIP	MIAMI FI	L 33126					. 4 CITY-ST-ZIP				Chan		1 44400-		
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NAME					3.2	NAME									
STREET ADDRESS	;				3.3 STREET AL			S]		
CITY-ST-ZIP					3.4. C										
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NAME						NAME		ł							
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	'					CITY-S		_							
CITY-ST-ZIP	certify that the i	nformation sup	nlied with this filing	does not qualify	for a store of		41	ated in Se	ection 119.07(3)(i), Florida Statute	s, i further o	ertify that	the inf	ormation		
indicate	d on this annual	report or suppl	emental annual repo	ort is true and ac	courate a	nd th	at my	signature	shall have the same legal effect red by Chapter 607, Florida Statut	as if made un	nder oath	; that I	am an		

Block 12 or Block 13 if changed, or on an attachment wit

SIGNATURE:

WIRED