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Daytime Phone #

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Apr 28, 2003 8:00 am Secretary of State P00000027669 DOCUMENT # 1. Entity Name 04-28-2003 91442 024 ***150.00 MULTI AUDIO INTERNATIONAL, INC. Principal Place of Business Mailing Address 1843 NW 93 AVE 1843 NW 93 AVE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 7357NW 54ST 3. Mailing Address 7357NW 54st Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0998635 MIAMI FLORIDA MÍAMI FLORIDA Not Applicable ^{Zip}33166 Country Country usa \$8.75 Additional á'3166 5. Certificate of Status Desired UŚA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AVILAN MANFREDO _JIMENO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 7357 NW 54+H 57 1140 W 50TH ST. STE 707-A NW HIALEAH FL 33012 --MIDMI ese of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity subr the obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$/50.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Fibrida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE **Г**XAddition ☐ Delete TITLE ☐ Change REY RAMOS IRMA AVILAN, MANFREDO NAME NAME YSD 38 76ST APT.102 7357 NW 54TH ST. 1843 NW 93RD AVE. STREET ADDRESS STREET ADDRESS HIALEAH FL. 33016 CITY-ST-ZIP MIAMI FL 33172 CITY-ST-7IP VSD TITLE 🔀 Delete TITLE Change Addition AKARDO ZAPATA ZULUAGA. RODRIGUEZ, ORLANDO NAME NAME 38, No. 8A-08, STAND 39 AL42 STREET ADDRESS 1843 NW 93RD AVE STREET ADDRESS CADDERA CITY-ST-ZIP MIAMI FL 33172 -CITY-ST-ZIP= == SANTA FE DE BOGOTA, - COLOMBIATION TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with ify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director securate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director securate and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an