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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38020
1. Corporation Name

(4)

GEMINI SOUND PRODUCTS CORP.

Principal Place of Business

Mailing Address

1100 MILIK ST.
CARTERET NJ 07008

1100 MILIK ST.
CARTERET NJ 07008-1118



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1992	3a. Date of Last Report 03/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-2339043	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, BERNARD
2851 EVANS ST
HOLLYWOOD FL 33020

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	CABASSO, ISAAC	12 NAME	
STREET ADDRESS	2053 E. 4TH ST.	13 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	14 CITY - ST - ZIP	
TITLE	DPS	21 TITLE	☐ Change ☐ Addition
NAME	CABASSO, ARTIE	22 NAME	
STREET ADDRESS	2019 E. 2ND ST.	23 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	24 CITY - ST - ZIP	
TITLE	DPT	31 TITLE	☐ Change ☐ Addition
NAME	CABASSO, ALAN	32 NAME	
STREET ADDRESS	1992 E. 2ND ST.	33 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

3-11-97 (1998) 969-9mm

CR2E034 (9/96)