

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

FILED
May 02 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 # P92000001915 (7)

1. Corporation Name
PERCUSSION ONE, INC.

Principal Place of Business

2820 SW 30TH AVENUE
HALLANDALE FL 33009

Mailing Address

2820 SW 30TH AVENUE
HALLANDALE FL 33009-5127

3. Date Incorporated or Qualified
10/30/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0367415

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ANDRES, WALTER J
2820 SW 30TH AVE
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name JAN BROOKS

82 Street Address (P.O. Box Number is Not Acceptable)
2800 ISLAND BLVD UNIT 2205

83

84 City AVENTURA

FL

85 Zip Code 33160

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 of Walter J. Andres)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ANDRES, WALTER J DELETED

NAME ANDRES, WALTER J
STREET ADDRESS 2031 N 55TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL

TITLE D BROOKS, JAN DELETED

NAME BROOKS, JAN
STREET ADDRESS 2800 ISLAND BLVD., UNIT 2205
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE S BROOKS, HARRIET DELETED

NAME BROOKS, HARRIET
STREET ADDRESS 2800 ISLAND BLVD, #2205
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE: (X)

(Signature of Walter J. Andres)

Date

Daytime Phone #

0113008

CR2E034 (9/96)