FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ^ØFeb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION <u>Sandra B. Mortherfi</u> Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P92000014071 (4) D J SOUND ELECTRONICS, INC. Principal Place of Business Mailing Address 5401 NW 72 AVE. 5401 NW 72 AVE. MIAMI FL 33166 DO NOT WRITE IN THIS SPACE **MIAMI FL 33166** US US 3. Date Incorporated or Qualified 12/24/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0377048 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Bendavid. Mike 5401 NW 72 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) #34 83 **MIAMI FL 33166** 84 City 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 Stato 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 if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1.1 TITLE BENDAVID, MIKE 1.2 NAME 2E034 NAME 5401 NW 72ND AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 City-St-ZiP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE ☐ Change TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ■ Addition TITLE 6.1 TITLE 6.2 NAME NAME

Block 12 or Block 13 if changed, or on an all achment with an address.

14. Thereby 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

STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS