


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

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Feb 05 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 # <b>P94000013016 (8)</b>																																																																																																															
1. Corporation Name <b>RED SOUND INDUSTRIES, INC.</b>																																																																																																															
Principal Place of Business <b>20725 N.E. 16TH AVENUE UNIT 15 MIAMI FL 33179</b>		Mailing Address <b>20725 N.E. 16TH AVENUE UNIT 15 MIAMI FL 33179-2123</b>																																																																																																													
2. Principal Place of Business 21 <b>5401 NW 72 Ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami FL</b> Zip 24 <b>33168</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>5401 NW 72 Ave</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami FL</b> Zip 29 <b>33168</b> Country 30 <b>US</b>																																																																																																													
3. Date Incorporated or Qualified <b>02/14/1994</b>		3a. Date of Last Report <b>02/15/1996</b>																																																																																																													
4. FEI Number <b>65-0469734</b>		Applied For Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																																																																													
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																													
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																															
9. Name and Address of Current Registered Agent <b>BEN-DAVID, MIKE 20725 N.E. 16TH AVENUE UNIT 15 MIAMI FL 33179</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>5401 NW 72 Ave</b> 83 84 City <b>Miami FL</b> 85 Zip Code <b>33168</b>																																																																																																													
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 <u><i>Mike Ben-David</i></u> <b>MIKE BEN-DAVID</b> <b>PRESIDENT</b> <b>1/28/97</b> (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																															
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CR2E034 (9/96)

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: *Mike Ben-David* **MIKE BEN-DAVID** **PRESIDENT** **1/28/97** **(305) 287-4100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #