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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031070 (3)

MASTER SOUNDS, INC.

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

Principal Place of Business Mailing Address 905 SOUTH BAYSHORE DRIVE 905 SOUTH BAYSHORE DRIVE **SUITE 1931 SHITE 1931** DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 IJŜ US 3. Date incorporated or Qualified 04/25/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0484539 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Country Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PLASENCIA, RAUL JR. 905 S BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1931** 83 MIAM! FL 33131 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 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 if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE 1.2 NAME PLASENCIA, RAUL JR. 905 SOUTH BAYSHORE DRIVE, SUITE 1931 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

___ DELETE

DELETE

DELETE

14. I 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: LA TOPE TO THE NO. PLASENCIA TO 1-20-98 3779660

CR2E034 (10/97)

Change

Change

Change

Addition

Addition

Addition

FILED

Jan 29 1998 8:00am

Secretary of State