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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052558 (1)

AVEX HOME ENTERTAINMENT SYSTEMS OF SOUTH FLORIDA , INC.

Principal Place of Business

Mailing Address

2891 N.W. 22ND TERRACE POMPANO BEACH FL 33069 2891 N.W. 22ND TERRACE POMPANO BEACH FL 33069

FILED Feb 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/15/1994</u> Principal Place of Business 920 SW 2 Mailing Address 4, FEI Number Applied For 920 65-0540953 Not Applicable Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 City State 6. Election Campaign Financing \$5.00 May Be 26 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERICAN INFORMATION SERVICES, INC. 801 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 24TH FLOOR 83 **MIAMI FL 33131** R4 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, typed or printed name of registered againt and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE D Paul S. Nizenski NIZENSKI, PAUL S NAME 1.2 NAME 920 SW 2 Place 2891 N.W. 22ND TERRACE 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIF 2. 4 City-St-ZiP Change DELETE ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - 2IP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 T(TLE 6.2 NAME NAME STREET ADDRESS **63 STREET 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 distent 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 anathermorphism and does.