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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062139 (8)

1. Corporation Name
C.N.C. SOUND, INC.

Principal Place of Business

901 E. 16TH PLACE
HIALEAH FL 33010

Mailing Address

901 E. 16TH PLACE
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1994

3a. Date of Last Report

4. FEI Number

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

7. Has corporation ever been in default of the Florida
Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt # etc.

Suite Apt # etc.

22

27

City & State

City & State

23

28

City

State

City

State

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZELEDON, NELLY
901 E. 16TH PLACE
HIALEAH FL 33010

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Authorized Officer)

(Signature of Registered Agent or Authorized Officer)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ZELEDON, NELLY
STREET ADDRESS	901 E. 16TH PLACE
CITY, ST, ZIP	HIALEAH FL 33010
TITLE	S
NAME	ZELEDON, LUIS A
STREET ADDRESS	901 E. 16TH PLACE
CITY, ST, ZIP	HIALEAH FL 33010
TITLE	D
NAME	ZELEDON, JOSE F
STREET ADDRESS	901 E. 16TH PLACE
CITY, ST, ZIP	HIALEAH FL 33010
TITLE	T
NAME	LOPEZ, JOSE L
STREET ADDRESS	901 E. 16TH PLACE
CITY, ST, ZIP	HIALEAH FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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:

Nelly R Zeledon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

687-0713

(Typed Name)