

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 08/23/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: APPLIED FOR 65-0515808
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 153 B West 21st. 22 Suite, Apt. #, etc.
23 City & State: Hialeah, Florida
24 Zip: 33010 25 Country: USA
26 Mailing Address: 26 901 E. 16th Place
27 Suite, Apt. #, etc.
28 City & State: Hialeah, Florida
29 Zip: 33010 30 Country: USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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)

(Only if Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add Item
NAME	ZELEDON, NELLY	12 NAME	
STREET ADDRESS	901 E. 16TH PLACE	13 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33010	14 CITY - ST - ZIP	
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add Item
NAME	ZELEDON, LUIS A	22 NAME	
STREET ADDRESS	901 E. 16TH PLACE	23 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33010	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELEDON, JOSE F	32 NAME	
STREET ADDRESS	901 E. 16TH PLACE	33 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33010	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JOSE L	42 NAME	
STREET ADDRESS	901 E. 16TH PLACE	43 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33010	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Zeledon

6/6/96 (205) 887-4670

CR2E034 (3/96)