

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000076352 (1)

1. Corporation Name

SATELLITE AUDIO VIDEO ELECTRONICS, INC.



Principal Place of Business

15970 W SR 84
STE 107
SUNRISE FL 33326
US

Mailing Address

15970 W SR 84
STE 107
SUNRISE FL 33326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1994

4. FEI Number

65-0533496

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 11290 66th ST. N.

Suite, Apt. #, etc.

22

City & State

23 W. PALM BEACH, FL

Zip

24 33412

Country

25 USA

2a. Mailing Address

26 11290 66th ST. N.

Suite, Apt. #, etc.

27

City & State

28 W. PALM BEACH, FL

Zip

29 33412

Country

30 USA

9. Name and Address of Current Registered Agent

SABIN, JORGE R
374 EAST RIVERBEND DRIVE
SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name
SABIN, JORGE R.
82 Street Address (P.O. Box Number is Not Acceptable)
11290 66th ST. N.
83
84 City
W. PALM BEACH FL 85 Zip Code
33412

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 *Jorge R. Sabin*
Signature, typed or printed name of registered agent and title if applicable.

JORGE R. SABIN
(NOTE: Registered Agent signature required when reinstalling)

1/8/98
DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME SABIN, JORGE R

STREET ADDRESS 374 EAST RIVERBEND DRIVE

CITY-ST-ZIP SUNRISE FL 33326

☐ DELETE

2.1 TITLE

NAME VPSD

STREET ADDRESS SABIN, AUDREY

CITY-ST-ZIP 374 EAST RIVERBEND DRIVE

☐ DELETE

3.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

4.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

7.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

8.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

9.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

10.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

11.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

12.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME SABIN, JORGE R.

STREET ADDRESS 11290 66th ST. N.

CITY-ST-ZIP W. PALM BEACH, FL 33412

☒ Change ☐ Addition

2.1 TITLE

NAME VPSD

STREET ADDRESS SABIN, AUDREY

CITY-ST-ZIP 11290 66th ST. N.

☒ Change ☐ Addition

3.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

7.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

8.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

9.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

10.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

11.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

12.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

13.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jorge R. Sabin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/98 (561)
Daytime Phone # 753-5866

CR2E034 (10/97)