FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 DEC 20 AM 7:46
SECRETARY OF STATE
TALLAHASSEE

DOCUMENT # P95000058099 (9)

1. Corporation Name

WORDSOUND, INC.

REINSTATEMENT

3. Date Incorporated or Qualified 07/25/1995   3a. Date of Last Report

	Principal Place of Business	Mailing Address
	217 NW 35TH TERRACE GAINESVILLE FL 32607	217 NW 35TH TERRACE GAINESVILLE FL 32607

2. Principal Place of Business	2a. Mailing Address
21 PO BOX 90067	26 PO BOX 90067
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Gainesville, FL	28 Gainesville, FL
Zip 24 32607	Country 25 U.S.A.	Zip 29 32607	Country 30 U.S.A.

4. FEI Number 59-3342883 | 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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RAPHAEL, SASA
217 NW 35TH TERRACE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

B1 Name Bambú A. Aponte
B2 Street Address (P.O. Box Number is Not Acceptable) 328 SW 34th St, Apt 52
B3
B4 City Gainesville, FL | B5 Zip Code 32607

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 _Bambú Aponte_ BAMBÚ APONTE TREASURER 12/19/96

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Sasa Raphael		1.2 NAME	6000002039006--2	
STREET ADDRESS	328 SW 34th St.		1.3 STREET ADDRESS	-12/27/96--01036--029	
CITY-ST-ZIP	Gainesville, FL 32607		1.4 CITY-ST-ZIP	****375.00 ****375.00	
TITLE	Secretary	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Sesaine Raphael		2.2 NAME		
STREET ADDRESS	328 SW 34th St.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Gainesville FL 32607		2.4 CITY-ST-ZIP		
TITLE	Treasurer	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Bambú Aponte		3.2 NAME		
STREET ADDRESS	328 SW 34th St.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Gainesville FL 32607		3.4 CITY-ST-ZIP		
TITLE	Vice President	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Jah Raphael		4.2 NAME		
STREET ADDRESS	7521 SW 63rd Court		4.3 STREET ADDRESS	12-23-96	
CITY-ST-ZIP	South Miami, FL 33143		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ pres. 12/19/96 (352)380-1593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

0036237 CP