

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

FILED
Mar 02 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 # **P95000073348 (1)**

1. Corporation Name
SOUND AND VIDEO SHOP, INC.

Principal Place of Business
**4541 N.W. 9TH AVE.
FT LAUDERDALE FL 33309**

Mailing Address
**4541 N.W. 9TH AVE.
FT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4801 SOUTH UNIVERSITY DR. Suite, Apt. #, etc. 22 # 212 City & State 23 DAVIE, Florida Zip 24 33328		2a. Mailing Address 25 4420 S.W. 77th Avenue Suite, Apt. #, etc. 27 City & State 28 DAVIE, Fla Zip 29 33328 Country 30 U.S.A.		3. Date Incorporated or Qualified 09/20/1995	
		4. FEI Number 65-0612908		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ESCOBAR, NOEL E
4420 S.W. 77TH AVE.
DAVIE FL 33328**

10. Name and Address of New Registered Agent

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. 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALINDEZ, LUIS FELIPE	1.2 NAME	
STREET ADDRESS	4541 N.W. 9TH AVE.	1.3 STREET ADDRESS	3501 Sahara Springs Blvd
CITY-ST-ZIP	FT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	POMPANO BEACH, Fla. 33069-6101
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ-GALINDEZ, CARMEN	2.2 NAME	
STREET ADDRESS	4541 N.W. 9TH AVE.	2.3 STREET ADDRESS	3501 Sahara Springs Blvd
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	POMPANO BEACH, Fla. 33069-6101
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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:

Luis Felipe Galindez 2/25/98 (954) 474-5425

CR2E034 (10/97)