

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90110 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000034744

1. Corporation Name
WALD SOUND CORP.



Principal Place of Business 12000 N.E. 16TH AVE. UNIT L-1005 NORTH MIAMI FL 33161	Mailing Address 12000 N.E. 16TH AVE. UNIT L-1005 NORTH MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15360 Sunset Dr. Suite, Apt. #, etc. 22 #24 City & State 23 Miami, FL Zip Country 24 33193 25 US	2a. Mailing Address 26 15360 Sunset Dr. Suite, Apt. #, etc. 27 #24 City & State 28 Miami FL Zip Country 29 33193 30 US	3. Date Incorporated or Qualified 04/22/1996 4. FEI Number 65-0680851 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

DOMINGUOWZ, PEDRO
12000 N.E. 16TH AVE.
UNIT L-1005
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name	Dominguez, Pedro
82 Street Address (P.O. Box Number is Not Acceptable)	15360 Sunset Drive
83	#24
84 City	Miami
85	FL
Zip Code	33193

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	PTSD <input type="checkbox"/> DELETE	11 TITLE	PRESIDENT, Treasurer, Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, PEDRO	12 NAME	Pedro Dominguez
STREET ADDRESS	12000 N.E. 16TH AVE. UNIT L-1005	13 STREET ADDRESS	15360 Sunset Drive #24
CITY-ST-ZIP	NORTH MIAMI FL 33161	14 CITY-ST-ZIP	Miami, FL 33193
TITLE	<input type="checkbox"/> DELETE	21 TITLE	VP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Yisel D. DUQUE
STREET ADDRESS		23 STREET ADDRESS	15360 SUNSET DR. #24
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)