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

2a. Mailing Address

PROFITE **CORPORATION ANNUAL REPORT**

1998

Principal Place of Business 407 LINCOLN ROAD

MIAMI BEACH FL 33139

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

SUITE 5-B

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000064240 (0)

THE OCEAN SOUND BAND INC.

FILED Apr 22 1998 8:00am Secretary of State

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Address	
NCOLN ROAD 5-B BEACH FL 33139	VRITE IN THIS SPACE
	fied
ing Address	Applied For
	Not Applicable
e, Apt. #, etc.	d \$8.75 Additional Fee Required
& State	ing \$5.00 May Be Added to Fees
Cour 30	as paid the currest year Intangible June 30. 🏿 Yes 🔲 No
Agent	w Registered Agent
30	as paid the current year Intang

23 Zip Country 24 29 9. Name and Address of Current Registered Agent **BRITO, GEORGE 407 LINCOLN ROAD** SUITE 5-B В3 MIAMI BBEACH FL 33139 Zip Code Pursuant to the provisions of Sections 607 0502 and 607 1508, Borida 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 [NOTE Registered Agent signature required when relustating) Signature, typind or painted name of trajectered agent and his diapple abli-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIFFICTORS 12. 13. DELETE Change Addition 1.1 THLE TITLE HERNANDEZ, MAX NAME 1.2 NAME 1059 COLLINS AVE. #101 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-7(P 1.4 CITY - \$1 - ZIP DLLETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 10145 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Addition CHLETE Change 4.1 TITLE TETLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP I DITTUE 4372 Phange DELETE Addition 5.1 THLE TITLE -**04/**23/98---01002---025 5.2 NAME NAME ***150.00 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP Change U DELETE TITLE 6.1 11111 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 supplicmental 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 icmental arriual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an The receiver or trustee empostered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the councration

305.