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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000080615 (3)

HOME ENTERTAINMENT SYSTEMS OF SOUTH FLORIDA, INC

Principal Place of Business Mailing Address 14362 SOUTHWEST 117TH TERRACE 14362 SOUTHWEST 117TH TERRACE MIAMI FL 33186 MIAMI FL 33186 2a. Mailing Address 2. Principal Place of Business 21 26 Suite. Apt. #. etc. Suite, Apt. #, etc.

FILED

Apr 21 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/27/1996 Applied For 65-0697231 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zin Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND Change DELETE TITLE 1.1 TITLE LANDRY, CHRIS P 1.2 NAME NAME 14362 SOUTHWEST 117TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME LANDRY, ELIDA 2.2 NAME 14362 SOUTHWEST 117TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE 31 TOTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 armual report or supplemental armual 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 trusted 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 in address.

SIGNATURE:

04-13-98