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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000015306 (8)

AUDIO MEDIA TECHNOLOGY INC.

Principal Place of Business 9181 NW 145 LN

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



9161 NW 145 LN MIAMI LAKES FL 33018 MIAMI LAKES FL 33018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-072 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PERALTA, ONIAS 9161 NW 145 LN Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI LAKES FL 33018 Zip Code City 85 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, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change DELETE TITLE 1.1 TITLE PERALTA, ONIAS 1.2 NAME NAME 9161 NW 145 LN 1.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33018 1.4 CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE CRESPO, ELIZABETH 2.2 NAME NAME 9161 NW 145 LN 2.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33018 2. 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY ST-7IP 4.4 CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP ___ DELETE 61 TITLE ☐ Change Addition TITLE 62 NAME NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP

14. I hereby certify that the information supplied with this ling 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 suppliering a travel type 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the rec Block 12 or Block 13 if changed, or on an artist

事品節 阐明 经银行证券 東洋

SIGNATURE: