

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000017253

SOUND HOSPITALITY MANAGEMENT, INC.

	• • •				
Principal Place	e of Business	Mailing Address		A TODITOR ITE TOTAL BRIDE BRID	INDIA INDIA 11001 DINAN ININ 3001
340 BISCAYNE BOULEVARD SUITE 100 MIAMI FL 33132		270 NE 4TH ST SUITE 100 MIAMI FL 33132 US		DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  02/21/1997	SPACE
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	· · · · · .	26		65-0729406	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 Cit. 8 State			
City & State	<b>e</b>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country	8. This corporation owes the current year Int	tangible
24	25	29 30		Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
con	DODATION COMBANY OF MIAM		81 Name		
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BOULEVARD		,	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	) MIAMI CENTER		83		
	MI FL 33131				les Zie Code
			84 City	FL	85 Zip Code
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. Need or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	P		1.1 TITLE		☐ Change ☐ Addition
NAME	CASTERA, BENOIST	1	1.2 NAME		
STREET ADDRESS	270 NE 4TH ST	1	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP		Coh Chiddian
₹ITLE	· ·	_	2.1 TITLE	•	☐ Change ☐ Addition
NAME		i '	2.2 NAME		
STREET ADDRESS		·	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME		3	3.2 NAME		
STREET ADDRESS		3	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Channa Daddison
TITLE		_	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP					
			4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		☐ DELETE 5			☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE :	5.1 TITLE		☐ Change ☐ Addition
]		☐ DELETE 5 5 5 5	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE 5	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED May 04, 1999 8:00 am Secretary of State

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