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

## PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DOCUMENT #**1. Corporation Name INNOVATIVE SOUNDS, INC. Mailing Address Principal Place of Business 2400 SW 142ND PL MIAMI FL 33175 MIAMI FL 33175

## **FILED** Apr 21 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS P97000019261 (1) 2400 SW 142ND PL. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0741664 127275.60. Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Zip This corporation owes or has paid the current year Intangible Yes □Ño Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GONZALEZ, LUIS 2400 SW 142ND PL. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33175 83 84 City 85 Zip Code 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) 12 OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ Change ☐ Addition 1.1 TITLE TITLE GONZALEZ, LUIS 12 NAME NAME CR2E034 2400 SW 142ND PL. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33175 1.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition NAME HERNANDEZ, RICARDO 2.2 NAME 2400 SW 142ND PL. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the properties true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied indicated on this annual report or supplier of officer or director of the corporation, the the Block 12 or Block 13 it manged.

**SIGNATURE:** 

4-14-98 305-227-3119