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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Bandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 03 1998 8:00am Secretary of State

DOCUMENT # P97000041248 (0) 1. Corporation Name QUANTEK DECIBEL, INC.					RIJER (1818 1881) BYRAN (1811 1881)
Principal Place of Business Mailing Address					BANDI ALDRA ALBAN KANDA (DAY 1881)
6065 NW 167		6065 NW 167 ST #B-12			
MIAMI LAKES	FL 33015	MIAMI LAKES FL 33015		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	IS SI FICE
				05/09/1997	
2. Principal Place of Business 2s. Mailing Address		2e. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		65-0779062	Not Applicable
	uite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
<del></del>		City & State			Fee Required
23	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registere	ed Agent
PEREZ, EDWARD				SCAY HOUTAS	
6085 NW 167 ST #B-12			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI LAKES FL 33015			606	5 NW 167 St. BIZ	
			83		
			84 City	/ ./ .	85 Zip Code
48. Duray and to the provide the of Continue COT 05/02 and COT 15/09. Elevider Statutes at			Miss	m: Lakes F	L 330/5
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 egent, by both, in the State of I lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, agent accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and stated in produce by	OSCIAY Mo.  E. Registered Agent signature requi	V-A5 1/14/9	? <i>e</i>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOURAS, OSCAR A		1.2 NAME		
STREET ADDRESS	6065 NW 167 ST #B-12		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33015		1.4 CITY-ST-ZIP		
TITLE	VTD	DELETE	2.1 TITLE		Change Addition
NAME	PEREZ, EDWARD	/ \	2.2 NAME		
STREET ADDRESS	6065 NW 167 ST #B-12		2.3 STREET ADDRESS		
CITY-ST-ZHP TITLE	MIAMI LAKES FL 33015	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		T' DEFEIG	3.1 IIILE 3.2 NAME		The Transfer Transfer C
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE.	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	· · ·	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP		Driete	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		The currents The Volution
NAME OTREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. i hereby c	certify that the information supplied wit	h this filing does not qualify for	6.4 CITY-ST-ZIP or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 conforation or the receiver or trutled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 an altachment with an address.

SIGNATURE:

1/14/88

305-1111-3373