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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057393 (5)

TOP AUDIO, INC.

FILED
May 12 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address 18326 NW 7TH AVENUE 18328 NW 7TH AVENUE MIAMI FL 33169 MIAMI FL 33169 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 Suite. Apt. #. efc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name KIM, JUNG SUN 18326 NW 7TH AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33169 R3** 84 City 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 be obligation of 507.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE X Change Addition TITLE 1.1 TITLE P50 KIM, JUNG SUN JUNG NAME 1.2 NAME KIM SUN CP MIRA VISTA 3203 NW 203RD STREET 1.3 STREET ADDRESS STREET ADORESS CORAL SPRINGS FL 33065 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 addigast.

SIGNATURE:

24/11/1

4-29-98