

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 09, 1999 8:00 am
Secretary of State
08-09-1999 90001 013 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057393
1. Corporation Name
TOP AUDIO, INC.

Principal Place of Business
**18326 NW 7TH AVENUE
MIAMI FL 33169**

Mailing Address
**18326 NW 7TH AVENUE
MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1997

4. FEI Number
65-0766535

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business
21 18901 NW 2ND AVE
Suite, Apt. #, etc.
22
City & State
23 Miami FL
Zip
24 33169 Country

2a. Mailing Address
26 18901 NW 2ND AVE
Suite, Apt. #, etc.
27
City & State
28 Miami FL
Zip
29 33169 Country

10. Name and Address of New Registered Agent
81 Name KIM JUNG SUN
82 Street Address (P.O. Box Number is Not Acceptable) 18901 NW 2ND AVE
83
84 City Miami FL **85 Zip Code 33169**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KIM, JUNG SUN 1425 MIRA VISTA CR WESTON FL 33327	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: _____ **8-2-99 305 653 2594**

18901 N, W 2 ND AVE
MIAMI FL 33169

TOP AUDIO INC.

097000057393
602540-90001-13

August 2, 1999

DEPARTMENT OF STATE

AS MY COMPANY WAS MOVING TO

NEW ADDRESS WE ARE MISSING THE LOT OF MAIL

I JUST GOT THE THIS ANNUAL REPORT.

JUNG SUN KIM

Sincerely,

