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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000093055 (6)**

1. Corporation Name
D.J. CAR AUDIO SYSTEMS, INC.



Principal Place of Business 8267 NW 66TH ST. MIAMI FL 33166	Mailing Address 8267 NW 66TH ST. MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0790910	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LOPEZ, JAIME 8215 LAKE DR APT B175 MIAMI FL 33166		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DVP
NAME	MONTEALEGRE, MARLENY	1.2 NAME	
STREET ADDRESS	CALLE 127C #2928 APT 304	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA, COLOMBIA	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	LOPEZ, JAIME	2.2 NAME	
STREET ADDRESS	8215 LAKE DR. APT B175	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	AGREDO, HANS	3.2 NAME	
STREET ADDRESS	AVE 30 #64A89	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA, COLOMBIA	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	
NAME	AGREDO, HAROLD	4.2 NAME	
STREET ADDRESS	DIAGONAL 109, #17-03	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA, COLOMBIA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 address.

SIGNATURE _____

CR2E034 (10/97)