

FILED

Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998 AMENDED		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000093055 (6)			
1. Corporation Name D.J. Car Audio Systems, Inc.			
Principal Place of Business		Mailing Address	
8267 N.W. 66th St. Miami, FL 33166		8267 N.W. 66th St. Miami, FL 33166	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
30		31	
3. Date Incorporated or Qualified 10/29/97		4. FEI Number 65-0790910	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. 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		\$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Lopez, Jaime 8215 Lake Dr., Apt. B-175 Miami, FL 33166		81 Name Agredo, Hans 82 Street Address (P.O. Box Number is Not Acceptable) 83 655 Eldron Dr., Apt. 19 84 City Miami Springs FL 85 Zip Code 33166	
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		Hans Agredo	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE 06/30/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Agredo, Harold	1.2 NAME	
STREET ADDRESS	Diagonal 109, #17-03	1.3 STREET ADDRESS	
CITY - ST - ZIP	Santa Fe de Bogota, Colombia	1.4 CITY - ST - ZIP	
TITLE	D/VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Montealegre, Marleny	2.2 NAME	
STREET ADDRESS	Calle 127C, #2928, Apt. 304	2.3 STREET ADDRESS	
CITY - ST - ZIP	Santa Fe de Bogota, Colombia	2.4 CITY - ST - ZIP	
TITLE	D/S/T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Agredo, Hans	3.2 NAME	
STREET ADDRESS	655 Eldron Dr., Apt. 19	3.3 STREET ADDRESS	
CITY - ST - ZIP	Miami Springs, FL 33166	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or changed or on an attachment with an address.		400002582914 -07/08/98--01051--013 ***61.25	
SIGNATURE: Hans Agredo		06/30/98 (305) 436-9111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CRZE034 (10/97)