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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000012102

1. Corporation Name

D.A.S. AUDIO OF AMERICA, INC.

Principal Place of Business Mailing Address							18161 (+818 1188) (1811 (90110 110: 100:
6970 WEST 50TH STREET 6970 WEST 50TH STREET						·		
MIAMI FL 33136 MIAMI FL 33136						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						02/05/1998		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Apr	plied For
21		26	26			95-45-553-14	No	t Applicable
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & State	9	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible		
242529			<u> </u>			Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Register	red Agent	
000	DODITION OFFIRE COMPANY		8	31 1	Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET			8	32 5	Street Addres	ss (P.O. Box Number is Not Acceptable)		
		_				<u></u>		
IALL	AHASSEE FL 32301-2525		8	33				
			8	34 (City	- 	85 Zip C	Code
							<u> </u>	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	nonzed t	วง เทเ	amed corpore e corporation	ration submits this statement for the purpositions board of directors. I hereby accept the a	e of changing its ppointment as rec	registered gistered
SIGNATURE								
	Signature, typed or printed name of registered age			gent sk	gnature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		DS IN 12
12.		ND DIRECTORS ☐ DELETE	13.			ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	D CALABUIC IIIAA		1.2 NAM				. . .	
NAME	CALABUIG, JUAN		1.3 STRE		NDDECC.			İ
STREET ADDRESS	46988 PATERNA)
CITY-ST-ZIP	VALENCIA, SPAIN D	□ DELETE	1.4 CITY 2.1 TITLE		JP .		Change	Addition
TITLE	-		2.2 NAM		ŀ			_
NAME	GINER, ROBERTO 46988 PATERNA		2.3 STRE		VDDEGS			
STREET ADDRESS	VALENCIA, SPAIN		2.4 CIT		Į.			
CITY-ST-ZIP TITLE	D	DELETE	3.1 TITLI		LIF		☐ Change	Addition
NAME	-GAMON, JOSE M		3.2 NAME					<u>. </u>
STREET ADDRESS	46988 PATERNA		3.3 STREET ADDRESS		DRESS			
	VALENCIA, SPAIN			CITY-ST-ZIP		·		
CITY-ST-ZIP	D	☐ DELETE	4.1 TTLI				Change	☐ Addition
NAME	PERIS, MANUEL		4. 2 NAN	ΛE				
STREET ADDRESS	ACCO DIFFERMA		4.3 STREET ADORESS		OORESS			
CITY-ST-ZIP	VALENCIA, SPAIN		4.4 CITY-ST-ZIP)
TITLE	TOTAL STATE OF THE	☐ DELETE	5.1 TITL				☐ Change	☐ Addition
NAME			5.2 NAM	Œ				}
STREET ADDRESS			53 STR	EET AL	DORESS	·		
CITY-ST-ZIP			5.4 CITY	-ST-Z	IP			
TITLE		☐ DELETE	6.1 TITU	E			☐ Change	☐ Addition
NAME			6.2 NAM	4E		•		
STREET ADDRESS			6.3 STR	EET AL	OORESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP