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**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90002 025 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000038153**

1. Corporation Name  
**AUDIFONOS Y LENTES III, INC.**



Principal Place of Business % WLMCS REGISTERED AGENTS INC. 701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131	Mailing Address % WLMCS REGISTERED AGENTS INC. 701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified <b>04/28/1998</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**WLMC REGISTERED AGENTS, INC.**  
**701 BRICKELL AVENUE**  
**SUITE 2000**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, ALFREDO R</b>
STREET ADDRESS	<b>AVENIDA LOS ROBLES TERCERA CALLE</b>
CITY-ST-ZIP	<b>PAMPATAR ESTADO NUEVA VENEZU</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DE RANGEL, MARIA C</b>
STREET ADDRESS	<b>AVENIDA LOS ROBLES TERCERA CALLE</b>
CITY-ST-ZIP	<b>PAMPATAR ESTADO NUEVA VENEZU</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CASTILLO, ALEJANDRO R</b>
STREET ADDRESS	<b>AVENIDA LOS ROBLES TERCERA CALLE</b>
CITY-ST-ZIP	<b>PAMPATAR ESTADO NUEVA VENEZU</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/99  
 Date

Daytime Phone #

19:034 (11/98)