

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90036 020 ***150.00

DOCO	vi=iv+ # P980000	J49U/4								
1. Corporation	Name					<u> </u>				
SOUNDS	SET USA, INC.									
Principal Place	of Business	Mailing Addres	SS							
320 SE 9TH ST	REET	320 SE 9TH ST	REET							
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
						1	05/25/1998		ì	
							4. FEI Number	Apr	lied For	
2. Principal Pl	tace of Business	2a. Mailing Ad	aress				15-084243		Applicable	
21		26	44 - 4 -				103-D3-T8-7-5-5-	\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt.	#, eic.				5. Certifcate of Status Desired	Fee Rec	1	
22		27					a St. dies Compaign Financing	\$5.00 N	May Be	
City & State	e	City & Sta	1⊕				6. Election Campaign Financing Trust Fund Contribution	Added to		
23		28		Countr			8. This corporation owes the current year			
Zip —7	Country	Zip			<u>, </u>	-				
24	25	29		01			Personal Property Tax.		-041	
	9. Name and Address of Current	t Registered Ager	<u> </u>	8	l Name		10. Name and Address of New Register	30 Agent	i	
HIRE	RERD RIAINE H			"	Ivanie					
HIBBERD, BLAINE H BLAINE H. HIBBERD, P.A.				8	2 Street	Addre	dress (P.O. Box Number is Not Acceptable)			
320 SE 9TH STREET					.					
	T LAUDERDALE FL 33316			83	3]	
FUR	I ENODERDALE PL 33318			84	City			85 Zip C	ode	
					1			· L.		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida, Such ab	orida Statutes	the above	e-named	corpor	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	of changing its r	registered	
onice or n agent. I a	egistered agent, or both, in the State t m familiar with, and accept the obligat	ions of, Section 60	ange was aut 7.0505, Florid	la Statute	ine corp s.	บเลมบก	is board of directors. Thereby accept the ap	pominion as reg	natered	
SIGNATURE									{	
GIGHATORE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: R	egistered Age	ent signature	required v	when reinstating) DATE			
12.	OFFICERS AND			13.		1	ADDITIONS/CHANGES TO OFFICERS			
TITLE			DELETE	1.1 TITLE		Y.,	٥.	☐ Change	☐ Addition	
NAME				1.2 NAME		حما	on Naftaniel	-	{ ;	
STREET ADDRESS				1.3 STRE	T ADDRESS	اعما	al & Editicio Frienc	, panos	[
CITY-ST-ZIP				1.4 CITY-	ST-ZIP	290	460 Nueva Andalucia	-Malaca	Spain	
TITLE			DELETE	2.1 TITLE		N.	Τ	☐ Change	Addition	
NAME (2.2 NAME		1	raite Puevo	.		
STREET ADDRESS				2.3 STREE	TADORESS	Loc	al a Edificio fuerti	2 Bours	•	
CITY-ST-ZIP				2.4 CITY-	ST-ZIP	241	160 Nueva Andalucia	1-Malcoa	-Spain	
TITLE			DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME				3.2 NAME		(•		(
STREET ADDRESS				3.3 STREE	TADORESS				-	
CITY-ST-ZIP	-		· . •	3.4. CITY-	-	[
TITLE			DELETE	4.1 TITLE				Change	☐ Addition	
NAME				4. 2 NAME		ļ			٠	
STREET ADDRESS					T ADDRESS	1	•	,		
						ļ			(
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-1		 -		Change	Addition	
ì				5.2 NAME					-	
NAME					T ADDRESS	1			1	
STREET ADDRESS				5.4 CITY-		ļ			ļ	
CITY-ST-ZIP		- -	DELETE	6.1 TITLE		 -		☐ Change	Addition	
TITLE	·		DEFEIC			ļ				
NAME				6.2 NAME		İ				
STREET ADDRESS				l	TADDRESS	ļ			1	
CITY-ST-ZIP				6.4 CITY-1	ST-ZIP	l			1	

14. I hereby certify that the information supplied with this filling 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: