FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am DOCUMENT # P99000090759 **Secretary of State** 05-16-2001 90239 009 ***158.75 Acoustic System Electronics, INC Principa! Place of Business Mailing Address 19343 SW 45 Terrore A0066942 Miami, FL 33175-6844 33175 Miami - FL 2. Principal Place of Business 3. Mailing Address ta 82 wz 85851 3876 SW 56 ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 179 <u>PMB</u> BMP City & State City & State Applied For 4. FEI Number FL Miami Miami 65-09 589+8 Not Applica Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7.. Name and Address of New Registered Agent -Roman Maria Roman Mario 13875 SW 56 St Street Address (P.O. Box Number is Not Acceptable) PHB 179 sw 56 st # 179 33175 Miami FL Miami 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible \$5.00 May E 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Add TITLE L_ Delete Roman Mario Roman Maria 14343 su 45 terrace NAME NAME 13876 SW 56 ST #179 STREET ADDRESS STREET ADDRESS Miami - FL 33175 Miami FL 33175 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Add ☐ Delete TITLE Roman, Maria Victoria MILE Raman, Maria Victoria NAME NAME 13876 SW 56 St #179 14343 SW 45 Terrace STREET ADDRESS STREET ADDRESS Miami-FL 33175 Miomi, FL 33175 COY-ST-ZIP CITY-ST-78P ☐ Add Change Delete TITLE TIRE Toro, Ruben Dario 19343 SW 45 Terroce NAME NAME STREET ADDRESS STREET ADDRESS Miami, FL 33175 City-ST-7IP CITY-ST-7IP Change ☐ Adk TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Adı ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ∏ Ad Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 informational indicated on this report or supplemental 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 direct 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 11 or Block changed, or on an attachment with an address, with all other like empowered.

Mario Koman

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