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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S06720 (4)**

1. Corporation Name
SOUND REINFORCEMENT TECHNOLOGIES, INC.

Principal Place of Business Mailing Address

460 NW 86 PLACE SUITE 8 MIAMI FL 33126 **460 NW 86 PLACE SUITE 8 MIAMI FL 33126**

2. Principal Place of Business 2a. Mailing Address

21 **6919 N.W. 46 St.** 26 **8030 S.W. 10 Terr.**

Suits, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Miami, Florida** 28 **Miami, Florida**

Zip Country Zip Country

24 **33166** 25 Country 29 **33144** 30 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/15/1990** 3a. Date of Last Report **04/28/1994**

4. FEI Number **65-0235318** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MOTYCZKA, WILLIAM J.
13410 SOUTHWEST 128TH STREET
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **Marlene Leon-Rubido, Esquire**

82 Street Address (P.O. Box Number is Not Acceptable) **8550 West Flagler Street, #103**

83

84 City **Miami** FL 85 Zip Code **33144**

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 Marlene Leon-Rubido **Marlene Leon-Rubido, Esquire** DATE **5-31-95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D, P
NAME	LEON, DANIEL
STREET ADDRESS	460 N.W. 86TH PLACE #8
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Daniel Leon **Daniel Leon, President** DATE **7-12-95**

Signature and typed or printed name of signing officer or director