## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(6)

THE SOUND DEPT., INC.

Principal Place of Business

8101 NW 185TH ST

Mailing Address 8101 NW 185TH ST

## **FILED** Feb 03 1998 8:00am Secretary of State



HIALEAH FL 33015 HIALEAH FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0276044 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOPEZ, ENRIQUE H. 8101 NW 185TH ST 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33015 83 City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 ТЛТLE Change ☐ Addition LOPEZ, ENRIQUE H NAME 1.2 NAME 8101 NW 185TH ST STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY - ST- ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY - ST - ZIP ☐ DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$T-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7iP

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 Brock 13 if changed, or op an estachment with an address.

SIGNATURE:

SIGNATURE **BFOURED**