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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

Aldidi	1997		Secretary of State DIVISION OF CORPORATIO			ONS		Secretary of State				
DOCUMENT # V44264 (2) SONIC SOUNDS MIAMI, CORP.												
Principal Place of Business			Mailing Address									
14347 SW 143 MIAMI FL 331			14347 SW 142ND ST MIAMI FL 33186-6725									
								Date Incorporated or Qualified 06/17/1992		ate of Last Ro 22/1996	eport	
· ·	Place of Business	<u>}</u> -	2a. Mailing Address				4.	FEI Number 65-0338963			plied For	
Suite, Apt	. #. elc.		Suite, Apt. #, etc.							\$8.75	t Applicable	
22		ţ	27				5.	Certificate of Status Desired		Fee Re		
City & Sta	te		City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Z(p)	25	Country	Zip 29	30 Cou	ntry		8.	This corporation has liability for	intanoible			
		Address of Current Re					10	Name and Address of New Re	gistered	Agent		
	e, stephen ne			ļ	81	Name						
14347 SW 142ND ST					82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)			
MV	VMI FL 33186-67	54			83				····	·····		
					84							
						City			FL	85 Zip (Code	
office or agent. La	to the provisions or registered agent, o am familiar with, ar	of Sections 607 0502 are both, in the State of find accept the obligation	id 607.1508, Florida Statut Jorida Such change was is of, Section 607.0505, Fl	tes, the at authorized orida Stat	oove d by utes	e-named cor the corpora i.	poration's	on submits this statement for the p board of directors. I hereby accep	ourpose o of the app	f changing it pointment as	s registered registered	
SIGNATURE	Signature typed or prin	ed name of registered agent an	If the stapping able (NOT	E. Registered	l Age	ent signature requ	ured whe	n reinstating)	DATE			
12.	1 -	OFFICERS AND D		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	lee, stephe	NI MEVILLE	☐ DELETE	1.1 Ti						Change	Addition	
NAME exercise appropriate	14347 SW 14			1.2 N/		ADDRESS						
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	2110 01		1.4 CF		1						
TITLE	D		DELETE	2.1 Ti	_					Change	Addition	
NAME	LEE, NICOLE			2 2 N	ME	!						
STREET ADDRESS	14347 SW 14	2ND ST		2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL				_	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		-	F-17775	
TITLE	ì		☐ DELETE	3 1 T)1						L Change	Addition	
NAME				32 N/		Innorae						
STREET ADDRESS CITY+ST-ZIP				1		ADDRESS ST-ZIP						
TITLE			☐ DELETE	4.1 TI		31-21				Change	☐ Addition	
NAME				4. 2 N	AME	1						
STREET ADDRESS				4.3 ST	HEET	ADDRESS						
CITY-ST-ZIP	<u> </u>			4 4 CI	TY-S	T-ZIP						
TITLE			□ DELETE	5.1 TI						Change	Addition	
NAME				5.2 N								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE	 		DELETE	5.4 CI 6 1 TI		I - ZIP				Change	Addition	
NAME			L.J DILLIL	62 N/						- Change	L. HOURION	
PLANTE CTOCCT ADADGGG						Annaree						

6.4 CITY+ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the inform information indicated on this and I am an officer or director of the appears in Block 12 or Block 13 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that who is required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

FILED

Jan 14 1997 8:00am