FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Jan 28 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V48544 (3) MULTI-SONIC CORPORATION Principal Place of Business Mailing Address 1440 J. F. KENNEDY CSWY 1440 J. F. KENNEDY CSWY SUITE 400 SUITE 400 NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0416888 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CARLOS J VILLALOBOS 1440 J.F. KENNEDY CAUSEWAY, 400 Street Address (P.O. Box Number is Not Acceptable) N BAY VILLAGE FL 33141 83 City 85 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 familiar 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE CFO TITLE 1.1 TITLE ☐ Change ☐ Addition VILLALOBOS, CARLOS J NAME 1.2 NAME 1440 KENNEDY CSWY #400 STREET ADDRESS 1.3 STREET ADDRESS N BAY VILLAGE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DVS DELETE TITLE 21 TITLE Change Addition YACOOB, ANITA NAME 2.2 NAME STREET ADDRESS 1440 KENNEDY CSWY #400 2.3 STREET ADDRESS N BAY VILLAGE FL CITY-ST-7IP 2. 4 CITY-ST-ZIP TITLE DPT DELETE 3.1 TITLE Change Addition YACOOB, ELI NAME 3.2 NAME 1440 KENNEDY CSWY #400 STREET ADDRESS 3.3 STREET ADDRESS N BAY VILLAGE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change TITLE DELETE 6.1 TITLE Addition

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption sated 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.

305-865-2919

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