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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56459

(3)

SOUND MACHINE, INC.

(*

Principal Place of Business

20815 N.E. 16TH AVENUE. #B-32 NORTH MIAMI BEACH FL 33179 Mailing Address

20815 N.E. 16TH AVENUE. #B-32 NORTH MIAMI BEACH FL 33178-2138

FILED Apr 30 1997 8:00am Secretary of State



NORTH MIAMI	BEACH FL 33179	NORTH MIAMI BEACH FI	L 33179-2136	3								
						08/05/1992 05/01				e of Last Report 1/1996		
*	lace of Business	2a. Mailing Address				4. FLI Number			Ť	Applied for		
21	# aba	26					65-0364841				Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required					
City & Stat 23		City & State			- 1	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
Zip 24	Country 25	25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New Re	gistered /	Agent			
MIZ	RAHI, ALBERT		1	31	Name							
	15 N.E. 16TH AVENUE, #B-32		₹	32	Street Add	Iress (P	O. Box Number is Not Acceptab	ole)				
NOI	RTH MIAMI BEACH FL 33179									, <u></u>		
			{	33								
			Ē	34	City				85	Zip Co	ode	
44.0				<u>.</u>				FL		,		
onice or r	to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida, Such change was	. authorized	W	the corporal	poration ition's b	n submits this statement for the p loard of directors. I hereby accep	ourpose of of the app	chang ointine	ing its i nt as re	registered gistered	
SIGNATURE	Signature, typod or printed name of registered age	ist and file if applicable (NO	H Registered /	 Agen	il signature requi	red when	re-restating)	DA1t				
12.	OFFICERS AND	DIRECTORS	13.			Α	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	CTORS	IN 12	
TITLE	D	☐ DELETE	111111	F					Cha	ange	Addition	
NAME	MIZRAHI, ALBERT		1.2 NAM	I F								
STREET ADDRESS	1670 W. 39TH PLACE #1303		1.3 STRI	TEL A	ADDRESS							
CITY-ST-ZIP	HIALEAH FL		1.4 CHTY	′-\$1	- 71F'							
TITLE	PST	DELETE	2.1 1(11)	£					☐ Cha	inge	Addition	
NAME	MIZRAHI, ALBERT		2.2 NAM	1E								
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			3.2 NAM									
STREET ADDRESS					ADORESS							
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NAME		E DECLE	4.1 HILL						Cha	nge	Addition	
STREET ADDRESS			ľ		ADDRESS							
CITY-ST-ZIP			4.4 CITY		1							
TITLE		DELETE	5.1 DTU		- 7.11			· · · · · · ·	Cha	unne	Addition	
NAME			5.2 NAM						V/K	grv ;	- radition	
STREET ADDRESS					ADDRESS .							
CITY-ST-ZIP			54 CHY									
TITLE		DELETE	61 THU						☐ Cha	inge	Addition	
NAME		-	6.2 NAM						***************************************	g~ I		
STREET ADDRESS			63 STRE		ADDRESS							
CITY-ST-ZIP			6.4 CiTY									
			= 0 7 O/11	U1 -	• 0							

14. I do 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 eath; 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.

CONSTRUCT (1) Allest Missel