

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90042 035 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # K59224
 1. Corporation Name
ABE MUSIC, INC.



| | |
|---|---|
| Principal Place of Business % IBRAHIM GONZALEZ 14501 W. DIXIE HIGHWAY NORTH MIAMI FL 33161 | Mailing Address % IBRAHIM GONZALEZ 14501 W. DIXIE HIGHWAY NORTH MIAMI FL 33161 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------------|---------------------------|---|--------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 65-0167134 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

| |
|---|
| 3. Date Incorporated or Qualified 01/19/1989 |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

GONZALESZ, IBRAHIM
1120 NE 86TH ST
MIAMI FL 33138

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | GONZALEZ, IBRAHIM | |
| STREET ADDRESS | 1120 NE 86TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | ABRAHAM GONZALEZ | |
| STREET ADDRESS | 1040 NE 105 ST | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | Corp SECRETARY | <input type="checkbox"/> DELETE |
| NAME | Ileana Gonzalez | |
| STREET ADDRESS | 1060 NE 86 ST | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| 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 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 Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* **3/24/99 305/9447429**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)