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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L50734

1. Corporation Name

FILED
Mar 08, 1999 8:00 am
Secretary of State
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									<b>                                    </b>
Principal Place	e of Business	Mailing Address				I SOMEON DES DISSE MUSICIONES	(fili) DIEI DIDII D	1811 91911 818	31 <b>018</b> 14 01021 1081
1595 NE 163RD	ST	1595 NE 163RD ST							
SUITE 6 SUITE 6									
N MIAMI BEACH	+ FL 33162	N MIAMI BEACH FL 33	162				RITE IN THIS	SPACE	
US		US				3. Date Incorporated or Qualifer	đ		
						02/16/1990			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<b>→</b>	Applied For
21		26				65-0171353			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional
22		27				4.00		<del></del> -	Required
City & State	e	City & State				6. Election Campaign Financing	, D	•	May Be
23		28				Trust Fund Contribution		-	d to Fees
Zip	Country	Zip		untry		8. This corporation owes the cu	rrent year Int		
24	25	29	30			Personal Property Tax.	D!-4	Yes	□No
	9. Name and Address of Current	t Registered Agent		81	Ne	10. Name and Address of New	Registered	Agent	
COL	DOMITH IAMES A			81	Name				
	DSMITH, JAMES A. 5 NE 163RD ST			82	Street Add	dress (P.O. Box Number is Not Accep	table)		
								**	
	E #6			83					ļ
IN MI	AMI BEACH FL 33162			84	City			85 Zi	p Code
				1			<u> </u>		
								changing	its registered it.
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Sta	tutes, the a	bove-	named corp	poration submits this statement for th	e purpose or	changing	registered
office or re	egistered agent, or both, in the State (	of Florida. Such change wa	is authorized	d by th	named corporati	poration submits this statement for the tion's board of directors. I hereby acc	ept the appoi	ntment as	registered
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change wa	is authorized	d by th	named corporati	poration submits this statement for the tion's board of directors. I hereby acc	ept the appoi	ntment as	registered
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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 eccurate 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 of 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: \_

Mimes A. Goldsmith SIGNATURE AND TYPED DEPRINGED NAME OF SIGNING OFFICER OR DIRECTOR 02/25/99 Date

305-949-9049

Davtime Phone #