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

Mailing Address

20401 N.W. 2ND AVENUE

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034515 (2)

ALLA SON MUSIC, INC.

Principal Place of Business

20101 N.W. 2ND AVENUE

#300 MIAMI FL 33169	1	#300 Miami FL 33169	-2544			
						3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1996
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address			4. FEI Number Applied For
1		26	26			65-665668 Not Applicab
Suite, Apt. #_etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
2		27	27			Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
3		28				Trust Fund Contribution
	Country	Ζφ		Country		8. This corporation has liability for intangible tax under s. 199.032,
4	25	29	30			Florida Statutes Yes SNo
	9, Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent
HIBBERT, FREDERICK				81	Name	
20401 N.W,. 2ND AVENUE				82	Street A	Address (P.O. Box Number is Not Acceptable)
#300	·				Oll Gol 7	tadioso (1.0. sox realiso) is real recopiacio;
	II FL 33169			83		
				1_		
				84	City	FL 85 Zip Code
M. Parsasar te	the provisions of Sections 607.	0502 and 607 1508. Flor	ida Statutes, 1	he abovi	e-named r	corporation submits this statement for the purpose of changing its registere
office or re	distered agent, or both, in the St	tate of Florida. Such cha	nge was auth	orized by	the corp	oration's board of directors. I hereby accept the appointment as registered
agent. Lau	familiar with, and accept the of	oligations of, Section 697	7.0505, Florida	i Statute:	\$.	
SIGNATURE 7	Marie Special work of the	LLT N	A)			
			(NOTE Re		ant signature i	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 2 .	n OFFICERS	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
CH	UIDDENT ENCHENIAL	السا	, , , , , , , , , , , , , , , , , , , ,	1.1 TITLE		[_] Onling
LAME	HIBBERT, FREDERICK	٨		1.2 NAME	ŀ	
STREET ADDRESS	20401 N.W. 2ND AVE. #30	U		1.3 STREET	ADDRESS	
C-17 - ST - 71P	MIAMI FL 33169			1.4 CITY - S	31 - ZIP	
H*LE	0	[_] [DELETE	2.1 TITLE	ļ	Change Additi
NAME	HIBBERT, DOREEN	_		2.2 NAME	1	
STREET ADDRESS	20401 N.W. 2ND AVE. #30	0		2.3 STREET	ADDRESS	
CITY-ST-ZIF	MIAMI FL 33169			2. 4 CITY -	ST-ZIP	
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NAME				3.2 NAME		
STHELT ACORESS				3.3 STREET	ADDRESS	
COTT - ST- ZIP				3.4. CITY-	ST-7/P	
MILE	, , , , , , , , , , , , , , , , , , ,] [])ELETE	4.1 THE		☐ Change ☐ Additi
NAME		<i></i>		4 2 NAME		· -
STREET ADDRESS				4.3 STREET		
[1	4.4 DITY-9		
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NAME					Abores	
STREET ADORESS				5.3 STREET		
CITY ST ZE			751 E I C	54 CITY-5	SI-ZIP	☐ Change ☐ Additi
1:11:1			DELETE	6 1 TITLE	,	L_J Change L_I Additi
NAME				62 NAME	ļ	
STREET ADORESS				6.3 STREE	ADORESS	
CCY-SI-ZP				64 CITY-5		
information Lami an of	i indicated on this annual report	or supplemental annual n or the receiver or trust	report is true ee empowere	and acc d to exec	urate and	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; the eport as required by Chapter 607, Florida Statutes; and that my name