


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000029214 1. Corporation Name ARIES MUSIC ENTERTAINMENT, INC.	

Principal Place of Business 1840 W 49 St.-Ste. #605 Hialeah, Fl. 33012	Mailing Address 1840 W 49 St.-Ste. #605 Hialeah, Fl. 33012
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REINSTATEMENT 98

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1840 W 49 Street Suite, Apt. #, etc. 22 Suite #605 City & State 23 Hialeah, Florida Zip 24 33012		2a. Mailing Address 25 1840 W 49 Street Suite, Apt. #, etc. 27 Suite #605 City & State 28 Hialeah, Florida Zip 29 33012		4. FEI Number 65-0745900 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent AMERILAWYER 343 Almeria Avenue Coral Gables, Fl. 33134				10. Name and Address of New Registered Agent 81 Name LUIS G. PISTERMAN 82 Street Address (P.O. Box Number is Not Acceptable) 1840 W 49 Street-Ste. #605 83 84 City Hialeah FL 85 Zip Code 33012	
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 <i>[Signature]</i> DATE 10/15/98					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T Luis G. Pisterman 1840 W 49 Street-Ste. #605 Hialeah, Fl. 33012	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100002715521--6 -12/18/98--01019--017 *****550.00 *****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S William Garcia 2059 Island Circle Fort Lauderdale, Fl. 33326	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100002715521--6 -12/18/98--01019--018 *****208.75 *****208.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12/15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* LUIS G. PISTERMAN (PRESIDENT) 10/15/98 (305) 362-3575

CR2E034 (10/97)