## 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 # 660294

(0)

MONTILLA MUSICAL INDUSTRIES, INC.

**FILED** Apr 24 1997 8:00am Secretary of State

					<u> </u>	
Principal Place		Mailing Address				#1511 #1411 #1511 #1611 #1611 #1611
8301 S.W. 87 T MIAMI FL 33143		8301 S.W. 87 TERRACE MIAMI FL 33143-6945			d experience of the control of the c	
					3. Date Incorporated or Qualified 03/24/1980	3a. Date of Last Report 07/12/1996
	lace of Business	2a. Mailing Address			4. FEI Number 59-1983227	Applied For
21		Suite, Apt. #, etc.		09 1900221	Not Applicable	
Suite Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country		Trust Fund Contribution  8. This corporation has liability for i	Added to Fees
24	25	29	30			Yes No
	9. Name and Address of Curren		1001		10. Name and Address of New Re	<u> </u>
COH	IEN, ALBERT CPA	······································	81	Name		
	00 SW 89 ST.					
	MI FL 33186-2166		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
MIN	41 FL 33100-2100		83	· · · · · · · · · · · · · · · · · · ·		
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	es, the above	-named corp	poration submits this statement for the p	urpose of changing its registered
office or n agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was ations of, Section 607,0505, Fi	authorized by orida Statutes	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered
	20.9					
SIGNATURE.	Signature: typed or printed name of registered age	nt and title if applicable. (NO)	E: Registered Age	ent algnature requi	ired when reinstating)	DATE
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TOLE	P	DELETE	11 THTLE			Change Addition
NAME	Montilla, Fernando J		12 NAME			
STREET ADORESS	8301 SW 87 TER.		1 3 STREET	ADDRESS		
COLY - ST - ZoP	MIAMI FL 33143		14 CiTY-S	T-ZIP		
TITLE	V	DELETE	21 TITLE			Change Addition
NAME	Montilla, arlene		22 NAME			
STREET ADDRESS	8301 S.W. 87 TERR.		2 3 STREET	ADDRESS		
CITY - ST - ZIP	MIAMI FL 33143		2 4 CiTY-1	ST-ZIP		
TITLE	ST	DELETE	31 TITLE			☐ Change ☐ Addition
NAME	Montilla, Margaret B.		32 NAME			
STREET ADORESS	8301 S.W. 87 TERR.		3 3 STREET	ADDRESS		
O(14 - ST - 2/6	MIAMI FL 33143		3 4. CITY-1	ST-ZIP		
TITLE		DELETE	41 TITLE	· ·		Change Addition
NAME			4 2 NAME		1110	$\eta$
STREET ADORESS			4 3 STREET	ADDRESS	$\mathcal{A}\mathcal{P}$	1741
CHY-ST-ZIP			44 City-S	1	V ,	Ų
1.11.6		DELETE	51 TITLE			Change Addition
NAME			52 NAME		$\sim$	
STREET ADDRESS			53 STREET	ADDRESS		
C(1Y+ST+Z)#			5 4 CITY-S	1		
TITLE		DELETE	61 TITLE		50000215	← Change Addition
NAME			62 NAME	Jane 188	500002 <b>1</b> 5 -04/25/970106	:2nis
STREET ADORESS			63 STREET	ADDRESS	***165.00	DE OID
Offy-ST-Zift			64 CITY-S	1	·· ·· · · · · · · · · · · · · · · · ·	
44 Leb borek	on cartify that the information cumpling	d with this filing does not avail			d in Section 110 07/3Vi) Florida Statuta	. I further cortifu that the

I do heroby certify that the information supplied with this filling 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 clirector of the corporation of 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 cha

**SIGNATURE:**