

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 662258

(3)

1. Corporation Name

SIGN-ON COMPUTER SERVICES, INC.

Principal Place of Business

8725 NW 18 TERRACE
SUITE 206
MIAMI FL 33172
US

Mailing Address

8725 NW 18 TERRACE
SUITE 206
MIAMI FL 33172-2622
US

3. Date Incorporated or Qualified
04/30/1980

3a. Date of Last Report
04/25/1996

4. FEI Number

59-1996322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

HEISTAND, STEVEN
8725 NW 18TH TERRACE
SUITE 206
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 PD
NAME HEISTAND, STEVEN
STREET ADDRESS 8725 NW 18 TERRACE, SUITE 206
CITY-ST-ZIP MIAMI FL 33172

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME Heistand, Steven
13 STREET ADDRESS 1051 Fairfax Lane
14 CITY-ST-ZIP Ft. Lauderdale, FL

☒ Change

☐ Addition

21 TITLE V
22 NAME Wisniewski, Michael
23 STREET ADDRESS 20720 NW 5th Street
24 CITY-ST-ZIP Pembroke Pines, FL

☐ Change

☒ Addition

31 TITLE V
32 NAME Hiller, Michael
33 STREET ADDRESS 20321 NW 2nd Street
34 CITY-ST-ZIP Pembroke Pines, FL

☐ Change

☒ Addition

41 TITLE V
42 NAME Blotcher, Fredric
43 STREET ADDRESS 6863 SW 113 Place
44 CITY-ST-ZIP Miami, FL 33173

☐ Change

☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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 supplement 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.

CR2E034 (9/96)

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DOCUMENT # P93000008808 (6)

1. Corporation Name
Q.S. MUSIC ENTERPRISES INC.



Principal Place of Business
**8310 FONTAINEBLEAU BLVD
APT. 405
MIAMI FL**

Mailing Address
**8310 FONTAINEBLEAU BLVD
APT. 405
MIAMI FL 33172-4241**

3. Date Incorporated or Qualified
02/02/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0385461

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**SANCHEZ, OMAR
8310 FONTAINEBLEAU BLVD.
APT 405
MIAMI FL 33172**

10. Name and Address of New Registered Agent

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

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 _____ (NOT: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1. TITLE	NAME	DELETED
PDCY	SANCHEZ, OMAR A	<input type="checkbox"/>	1. NAME		<input type="checkbox"/>
STREET ADDRESS	8310 FONTAINEBLEAU BLVD. APT 405		1. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1. CITY-ST-ZIP		
VSD	QUIRCH-SANCHEZ, ILEANA	<input type="checkbox"/>	2. TITLE		<input type="checkbox"/>
STREET ADDRESS	8310 FONTAINEBLEAU BLVD. APT 405		2. NAME		<input type="checkbox"/>
CITY-ST-ZIP	MIAMI FL		2. STREET ADDRESS		
			2. CITY-ST-ZIP		
			3. TITLE		<input type="checkbox"/>
			3. NAME		<input type="checkbox"/>
			3. STREET ADDRESS		
			3. CITY-ST-ZIP		
			4. TITLE		<input type="checkbox"/>
			4. NAME		<input type="checkbox"/>
			4. STREET ADDRESS		
			4. CITY-ST-ZIP		
			5. TITLE		<input type="checkbox"/>
			5. NAME		<input type="checkbox"/>
			5. STREET ADDRESS		
			5. CITY-ST-ZIP		
			6. TITLE		<input type="checkbox"/>
			6. NAME		<input type="checkbox"/>
			6. STREET ADDRESS		
			6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for an 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: *Ilana Quirch-Sanchez* VSD 4-30-97 (305) 221-1110

CR2E034 (9/96)