FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAR -9 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F54922 (2)

1. Corporation Name
SPEC'S MUSIC - 163RD STREET, INC.

200001426232
-03/10/95--01041--028
****417.50 ****208.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1666 N.W. 82ND AVE. P.O. BOX 520248 MIAMI FL 33152-0248	1666 N.W. 82ND AVE. P.O. BOX 520248 MIAMI FL 33152-0248

3. Date Incorporated or Qualified: 12/28/1981
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2171325 ☐ 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
7. 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
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

LIEFF, ANN S
1666 N.W. 82ND AVE.
MIAMI FL 33126

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D ☐ Change ☐ Addition
NAME	LEIFF, ANN S	1.2 NAME	Turk, Cynthia Cohen
STREET ADDRESS	6775 SW 101 ST	1.3 STREET ADDRESS	1001 S. Bayshore Dr., #1806
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	ZACKS, ROSALIND S	2.2 NAME	
STREET ADDRESS	6212 RIVIERA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SPECTOR, MARTIN	3.2 NAME	
STREET ADDRESS	6900 BARQUERA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SPECTOR, DOROTHY J.	4.2 NAME	
STREET ADDRESS	6900 BARQUERA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HERTZ, ARTHUR	5.2 NAME	
STREET ADDRESS	3195 PONCE DE LEON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	DAB ☐ Change ☐ Addition
NAME	TURKEL, LEONARD	6.2 NAME	
STREET ADDRESS	2871 OAK AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	6.4 CITY-ST-ZIP	3-9

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Peter Blei, V.P., C.F.O. 2/27/95 (305) 592-7288
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420110 FP