

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

2 224 140 615

DOCUMENT # F93000004200 (2)

1. Corporation Name

TU MUNDO MUSIC, INC.



Principal Place of Business

2290 WEST 8TH AVE.
HIALEAH FL 33010

Mailing Address

2290 WEST 8TH AVE.
HIALEAH FL 33010

Attn: Tax Department

3. Date Incorporated or Qualified
09/15/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
65-0543604

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the filer, if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HERNANDEZ, ROLAND A
STREET ADDRESS 2290 W 8TH AVE
CITY-ST-ZIP HIALEAH FL

TITLE SD ☒ DELETE
NAME SARIOGO, JOSE M
STREET ADDRESS 2290 W 8TH AVE
CITY-ST-ZIP HIALEAH FL

TITLE D ☐ DELETE
NAME SPECTOR, BRUCE H
STREET ADDRESS 2290 W 8TH AVENUE
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE CFO ☐ Change ☒ Addition
2. NAME PETER J. HOUSMAN
2. STREET ADDRESS 2290 West 8th Avenue
2. CITY-ST-ZIP Hialeah, FL 33010

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

4. TITLE VPIS ☐ Change ☒ Addition
4. NAME STUART LIVINGSTON
4. STREET ADDRESS 2290 West 8th Avenue
4. CITY-ST-ZIP Hialeah, FL 33010

5. TITLE VP ☐ Change ☒ Addition
5. NAME STEVEN B. DAWSON
5. STREET ADDRESS 2290 West 8th Avenue
5. CITY-ST-ZIP Hialeah, FL 33010

6. TITLE CORP. COUNSEL, ASST. SECY. ☐ Change ☒ Addition
6. NAME PAUL P. STEINKE
6. STREET ADDRESS 2290 West 8th Avenue
6. CITY-ST-ZIP Hialeah, FL 33010

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL P. STEINKE

4-18-96 (305) 884-8200

Date

Daytime Phone

CR2E034 (12/95)