

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

FILED  
May 15 1997 8:00am  
Secretary of State

DOCUMENT # F93000004200 (2)

1. Corporation Name

TU MUNDO MUSIC, INC.

Principal Place of Business

2290 WEST 8TH AVE.  
HIALEAH FL 33010

Mailing Address

ATTN: TAX DEPARTMENT  
HIALEAH FL 33010  
US

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

4. FEI Number

65-0543804

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

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	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, ROLAND A	
STREET ADDRESS	2290 W 8TH AVE	
CITY- ST- ZIP	HIALEAH FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HOUSMAN, PETER J.	
STREET ADDRESS	2290 WEST 8TH AVENUE	
CITY- ST- ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPECTOR, BRUCE H	
STREET ADDRESS	2290 W 8TH AVENUE	
CITY- ST- ZIP	HIALEAH FL	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	LIVINGSTON, STUART	
STREET ADDRESS	2290 W. 8TH AVE.	
CITY- ST- ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAWSON, STEVEN	
STREET ADDRESS	2290 WEST 8TH AVENUE	
CITY- ST- ZIP	HIALEAH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STEINKE, PAUL F.	
STREET ADDRESS	2290 WEST 8TH AVENUE	
CITY- ST- ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	CFO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOUSMAN, PETER J. II
2.3 STREET ADDRESS	2290 West 8th Avenue
2.4 CITY- ST- ZIP	Hialeah, FL 33010
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TRINGALI, DONALD J.
4.3 STREET ADDRESS	2290 West 8th Avenue
4.4 CITY- ST- ZIP	Hialeah, FL 33010
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AGCS
6.3 STREET ADDRESS	TORRES, OSVALDO F.
6.4 CITY- ST- ZIP	2290 West 8th Avenue Hialeah FL 33010

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 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 J. Housman II REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO 4-25-97 (305) 884-8200

Date Daytime Phone #

0516807

CR2E034 (9/96)