## ナリタ 680 - FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90166 011 \*\*\*150.00

## DOCUMENT # F93000004200

TU MUNDO MUSIC, INC.

2290 WEST 8TH	1 AVE.	ATTN: TAX DEPARTMENT					
HIALEAM FL 33010		HIALEAH FL 33010 US			DO NOT WRITE IN THIS SPACE		
		••		3. Date Incorporated or Oscalifed	77770 017702		
	`	- 2290 West 84	h Av	cnue	2 09/15/1993		
2 Principal Di	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
—ı '	ace of business	26		65-0543604	<del></del>	tot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Acditional	
22		27		5. Certifcate of Status Desired		Required	
City & State		City & State		6. Election Campaign Financing	\$5.00	) May Be	
23		28		Trust Fund Contribution		to Fees	
Zip Coun'ry		Zip Country		8. This corporation owes the current	vear Intangible		
24	25		30		Personal Property Tax.	☐Yes	[iZNo
	9. Name and Address of Curre		-		10. Name and Address of New Reg	stered Agent	
			81	Name			
C T CORPORATION SYSTEM			-	0	A LL CO CO CO November in Net A countable		
	SOUTH PINE ISLAND ROAD		82	Street	Address (P.O. Box Number is Not Acceptable	,	
PLANTATION FL 33324			83				
					<u></u>		
			84	City		F   85 Zip	Code
44. Durage at to the provisions of Sections 607 0500 and 607 1508. Florida Statu as the above-parted or poration submits this statement for the purpose of changing its rigistered							
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 nail to if registered agent and title if applicable. (NOTI: Registered Agent signature required when reinstating)  DATE							
		NEI DIRECTORS	13.	it signature re	ADDITIC/NS/CHANGES TO OFFIC		OFS IN 12
TITLE	PD	DELETE	1.1 TITLE		ADDITIONO TO THE	☐ Change	
NAME	HERNANDEZ, ROLAND A	<u> </u>	1.2 NAME				
STREET ADDRESS	2290 W 8TH AVE		1.3 STREET ADDRESS				
	HIALEAH FL		1.4 CITY-S				
CITY-ST-ZIP TITLE	CFOD	☐ DELETE	2.1 TITLE	1-217		Change	Addition
NAME	HOUSMAN, PETER J.		2.2 NAME				_
	2290 WEST 8TH AVENUE			T ADDRESS			
STREET ADDRESS	HIALEAH FL	•	2.4 CITY-5				
CITY-ST-ZIP	D	DELETE	3.1 TITLE	51-219		Change	Addition
TITLE	SPECTOR, BRUCE H	G DELETE	3.1 IIILE				
NAME	2290 W 8TH AVENUE			T ADDRESS			
STREET ADDRE 3S	HIALEAH FL						
CITY-ST-ZIP	VP	DELETE	3.4. CITY-5 4.1 TITLE	21-414		Change	Addition
TITLE	TRINGALI, DONALD J	E OLECTE	4. 2 NAME				
NAME	2290 W. 8TH AVE.			T ADDRESS			
STREET ADDRE 3S	HIALEAH FL			ļ			
C/TY-ST-ZIP	VP	☐ DELETE	4.4 CITY-S 5.1 TITLE	t-ZIP		Change	Addition
TITLE NAME	SADUSKY, VINCENT L		5.1 TITLE 5.2 NAME				_
	2290 W. 8TH AVENUE			T ADDRESS			
STREET ADDRESS	HIALEAH FL 33010		5.4 CITY-S				
CITY-ST-ZIP	AGCS		6.1 TITLE		V0.6.6.6.35	Change	Addition
TITLE	TORRES, OSVALDO F	LJ OCILIE	6.2 NAME		YPGCS D TORRES, OSVALDO F 1290 West 8th Ave		
NAME	AGGG MEGT OTH AMENING			T ADDRESS	SVALDO F	•	
STREET ADDRESS	2290 WEST 8TH AVENUE		0.3 STREE	HUUKESS	1290 West 8th Ave	nue	

14. I hereby certify that the information supplied with this filing does not qualify fir 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 (Diexecute this report as recuired 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, with all other like empowered. VINCENT L. SADJKY

SIGNATURE: Y

CITY-ST-ZIP

V.P. FINANC FFICER OR DIRECTOR

4-20-99 (305)884-6,200