

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # F96000000344 (9)

1. Corporation Name

MIKEY'S MUSIC, INC.

Principal Place of Business

9325 NW 50TH DORAL CIR N
MIAMI FL 33178
US

Mailing Address

9325 NW 50TH DORAL CIR N
MIAMI FL 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1996

4. FEI Number

34-1585977

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBINSON, PERRY M.D.
9325 NW FIFTIETH
DORAL CIRCLE NORTH FL 33178

10. Name and Address of New Registered Agent

81. Name

PERAY ROBINSON MD

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

9325 NW 50TH DORAL CIR N

83.

84. City

MIAMI

FL

85. Zip Code

33178

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 CPS
NAME ROBINSON, PERRY M.D.
STREET ADDRESS 9325 NW FIFTIETH
CITY-ST-ZIP DORAL CIRCLE NORTH FL 33178

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PERAY ROBINSON MD
1.2 NAME
1.3 STREET ADDRESS 9325 NW 50TH DORAL CIR N
1.4 CITY-ST-ZIP MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

PERAY ROBINSON MD REQUIRED

1/15/98

305-594-1899

CF2E034 (10/97)