

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

DOCUMENT # **G85578** (4)

1. Corporation Name

CARIMUSIC CORP.



Principal Place of Business

Mailing Address

3016 NW 79TH AVENUE MIAMI, FL 33122
P O BOX 527960 --
MIAMI, FL 33152

3016 NW 79TH AVENUE MIAMI, FL 33122
P O BOX 527960
MIAMI, FL 33152

2. Principal Place of Business

2a. Mailing Address

21 **9556 N.W. 41 Street**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

MIAMI - FLORIDA

29 City & State

24 Zip

25 Country

30 Zip

Country

33178

U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, MATEO SAN
3016 N.W. 79TH AVENUE
MIAMI, FL 33122

81 Name

SAN MARTIN, MATEO

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

10248 N.W. 52 Terrace

83

84

MIAMI, FLORIDA

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent with the date of signature

(NOTE: Registered Agent Signature required below in Block 13)

2/27/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PTD**
MARTIN, MATEO SAN
STREET ADDRESS **3016 NW 79TH AVE**
CITY-ST-ZIP **MIAMI-FL**

1 TITLE ☐ Change ☐ Addition

12 NAME **SAN MARTIN, MATEO**
13 STREET ADDRESS **10248 N.W. 52 Terrace**
14 CITY-ST-ZIP **MIAMI - FLORIDA 33178**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATEO SAN MARTIN

2/27/96
DATE

(305) 591-7684
Daytime Phone #

CR2E034 (12/95)