

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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: **8556 NW 41 ST, P O BOX 527950, MIAMI FL 33178 US**  
 Mailing Address: **3016 NW 79TH AVENUE, MIAMI, FL 33122, P O BOX 527950, MIAMI FL 33152-7950**

3. Date Incorporated or Qualified: **02/07/1984**      3a. Date of Last Report: **03/19/1996**  
 4. FEI Number: **59-2390064**      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

2. Principal Place of Business: **21 3016 N.W. 79th Avenue**  
 Suite, Apt. #, etc.: **22**  
 City & State: **23 MIAMI, FLORIDA**  
 Zip: **24 33122**      Country: **25**

9. Name and Address of Current Registered Agent: **SAN MARTIN, MATEO, 10248 NW 52 TERRACE, MIAMI FL 33178**  
 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 607.0602 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when changing)      DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | PTD                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MARTIN, MATEO SAN    | 1.2 NAME  |  |
| STREET ADDRESS             | 102480 NW 52 TERRACE | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL             | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                      | 2.2 NAME  | V  |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    | GLORIA PATRICIA JARAMILLO  |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       | 5228 N.W. 103 AVENUE<br>MIAMI, FLORIDA 33178                                 |
| TITLE                      |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 3.2 NAME  |  |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 4.2 NAME  |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 attachment with an address.

SIGNATURE: \_\_\_\_\_      4-28-97 (305) 477-4184

CR2E034 (9/96)