FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

		1996		1153	DIVISION C	F CORPORA	TIO	INS						
[] 1.	Corporation		11210	79	(2)									
	CNAN	ess Music	o, INC.							A ATOLOH DIN HON MOON ON	III 183H		A((\$16)) A(A)	i Alalı Bısıı Jesi
Pr	Principal Place of Business Mailing Address													
	400 C AND	DEDAID AVE												
408 S. ANDREWS AVE. 408 S. ANDREWS AVE SUITE 106 SUITE 106														
	FT. LAUDER	DALE FL 33301			FT. LAUDERDALE FL	33301			3	. Date Incorporated or Qua	lified	20 Da	e of Last F	Popod
									"	10/29/1984	iiiibu	1	6/13/19	•
	Principal Pl	ace of Busines	s	2a.	Mailing Address				4.	, FEI Number				Applied For
21				26	-					65-0138177			🗖	Not Applicable
22	Suite, Apt. #, etc.]				Suite, Apt. #, etc.			5.	. Certificate of Status Desire	ed		•	Additional	
221	City & State			2/	City & State				Figure 0			····	Required	
23		-		28	Ony & Otato				6.	 Election Campaign Finance Trust Fund Contribution 	ing		•	O May Be d to Fees
	Zφ	p Country			Zip Coun			·	8.	This corporation has liabili	ly for i	intangible 1		
24		25 9. Name and Address of Current R			29 30							□No		
		9. Name a	nd Address of Curr	ent Regist	lered Agent		ا د		10.	Name and Address of N	lew R	egistered	Agent	
						a	1	Name						
CAYIA, VIRGINIA Y.							2	Street Addr	ress (P	O. Box Number is Not Acc	eptabl	le)		
408 S. ANDREWS AVE. FT. LAUDERDALE FL 33301							3							
	ri. Diu	DERDALE F	L 33301		_		1							
					•	В	4	City				FL	85 Zı	p Code
11	. Pursuant t	to the provision	s of Sections 607.05	02 and 607	7.1508, Florida Statu	tes, the above	-na	med corpor	ration s	submits this statement for th	ne pur	coco of ob	anging its r	egistered office
\mathcal{N}	familiar wit	tiy and accept	the obligations of, Se	oction 607.0	Change was authori 0505, Florida Statute	zed by the cor	rpoi	ration's boar	ra or a	irectors. I hereby accept the	e appo	pintment a:	s registered	l agent. I am
Y SK	GNAZURE _	Jugan	a auga	VIR	GINIA C	11414		CON	YP.	SECY -		4-	354	9
12		OFFICER			NOTE AND DIRECTORS			: Registered Agent signature required:				Chie	7 (
TITL		D		☐ DELETE		1. 1 TITLE				ADDITIONS/CHANGES TO	OFF		Change	HS IN 12
NAN	ME	_	DWARD DE R. JR.			1.2 NAM	E					,		
SIR	REET ADDRESS		IOTH ST. #C			1.3 STRE	ET A	DORESS						
CHT	Y-ST-ZIP		ERDALE FL			1.4 CITY-	-ST-	- ZIP						
TITL		CSD			☐ DELETE	2 1 TITLE	F						Change	☐ Addition
NAN			rginia y.			2.2 NAMI	E							
	EFT ADDRESS		NDREWS AVE. #1	06		23 STRE		1						
TITL	Y · ST · ZIP	-	ERDALE FL		DELETE	2.4 CiTY- 3. 1 TiTLI		ZIP				- 1	7 Change	Fin Address
NAN		D CAVIA P.	AULINA C.		— 20001¢	3.2 NAME							Change	Addition
	EET ADDRESS		NDEREWS AVE #1	ING		3.3. STRE		ADDRESS						
CITY	Y-ST-ZIP		ERDALE FL			3.4 City -		i						
TILL	.E				☐ DELETE	4. 1 TITLE						<u>-</u>	Change	Addition .
NAN	AE .					4.2 NAME						·		
	EET ADDRESS					4.3 STREE	ET AI	DDRESS						·
	r-81-ZIP				- Doctor	4.4 CITY-		ZIP						
TITL					☐ DELETE	5 1 TITLE						[Change	☐ Addition
	re EF1 ADORESS					5.2 NAME		DD0000						
	(-\$T-ZIP					5.9 STREE		• 1						
TITE		· · · · · · · · · · · · · · · · · · ·			☐ DELETE	5.4 CITY- 6. 1 TITLE	_	LIT					Change	Addition
NAM	1E				_	6.2 NAME						L	- Vinnigo	
STRE	EET ADDRESS					6.3 STREE		DORESS						
	'-ST-ZIP					6.4 CITY -	S1 -	ZIP						
14.	. I do hereby certify that	y certify that the the information	e information supplied Indicated on this an	d with this f	iling is voluntarily furr	nished and do	88 I	not qualify fo	or the e	exemption stated in Section	119.0	7(3)(k), Flo	rida Statuti	es. I further

certify that the information prolicated 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 on Block 13 if phanged, or or an attachment with an address.

SIGNATURE: