

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **J78582** (0)

1. Corporation Name

**AVISION MUSIC CORPORATION**



Principal Place of Business

Mailing Address

**13385 W DIXIE HWY  
NORTH MIAMI FL 33161**

**13385 W DIXIE HWY  
NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified

**06/15/1987**

3a. Date of Last Report

**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALAIMO, STEVE  
13385 W DIXIE HWY  
NORTH MIAMI FL 33161**

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 607.0502 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 (if applicable)

(Note: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**PTD  
ALBERT, HOWARD  
13385 W DIXIE HWY  
NORTH MIAMI FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**VD  
ALBERT, RON  
13385 W DIXIE HWY  
NORTH MIAMI FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**SD  
ALAIMO, STEVE  
13385 W DIXIE HWY  
NORTH MIAMI FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 CITY-STATE-ZIP

16 CITY-STATE-ZIP

17 CITY-STATE-ZIP

18 CITY-STATE-ZIP

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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:

*Howard L. Albert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/96**  
DATE

**805-883-9191**  
TELEPHONE

CR2E034 (12/95)