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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L28517

(5)

CREATIVE MUSIC, INC.

Principal Place of Business

Mailing Address

FILED Mar 06 1997 8:00am Secretary of State



6001 SW 82ND ST. Miami Fl 33143	6001 SW 82ND ST. Miami Fl 33143-8127			
			3. Date Incorporated or Qualified 11/06/1989	3a. Date of Last Report 04/25/1996
2. Principal Place of Business 21 12955 SW 68 AVE	2a. Mailing Address Science 12955 Science 12	w 68 Ave	4. FEI Number 65-0176449	Applied For
21 12955 SW 60 RV6 Suite, Apt #, etc	Suite, Apt. #, etc.	<u> </u>		Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State 23 Miami FL	City & State	F	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip Country	28 14 (am (Country	Trust Fund Contribution 8. This corporation has liability foreign	
24 35 156 25 WOH	29 33156 30	USA	Florida Statutes	Yes No
9, Name and Address of Curre	nt Registered Agent	B1 Name	10. Name and Address of New Rec	
ent ew syn et				
MIAMI FL 33143		82 Street Addre	ss (P.O. Box Number is Not Acceptab	le) A lie
		83		
		84 City		85 Zip Code
	00		ami	FL 33(56)
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Statiagent. I am familiar with, and accept the deli-	e of Florida, Such change was auth-	ne above-named corporation	pration submits this statement for the pi on's board of directors. I hereby accep	t the appointment as registered
	DARIO . TO	and millo	Procedont	2/1/07
	gent and tice if applicable (NOTE: Re	gistered Agent signature required		DATE
non	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
JARAMILLO DARIO I		1.1 TITLE 1.2 NAME		CT or author CT variation 6
STREET ADDRESS 8001 SW 82 STREET 129	55 SW 68AVE	1.3 STREET ADDRESS		S
CITY-ST ZIP MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME		2.2 NAME		
STEEN ADDRESS CHY-S1-7P	,	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TILE	DELETE	31 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CiTY+S1+ZiP	DELETE	3.4 CITY-ST-ZIP		Change Addition
NAME NAME	L_J DELETE	4.1 TITLE 4. 2 NAME	,	Change Addition
STHEET ADDRESS		4.3 STREET ADDRESS		
City SI-Zip		4.4 CITY-ST-ZIP		
Title	DELETE	5.1 TITLE	······································	Change Addition
NAME		52 NAME		
STREET ADDRESS	1	5.3 STREET ADDRESS		
CITY-SI-7IP	DELETE	54 CITY-ST-ZIP		Change Addition
I TIFLE NAME	T nerele	61 TITLE 62 NAME		LI SUMBON LI SQUING LI
STREET ADDRESS		63 STREET ADDRESS		
C(14 - S1 - 2)()		64 CITY-ST-ZIP		
14. I do hereby certify that the information suppli	ed with this filing does not qualify fo		in Section 119.07(3)(i), Florida Statutes	s. I further certify that the

information indicated on this armual 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 peciver 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 to all attachment with an address.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97

256-0226