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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L59591

(2)

JKMC MUSIC PUBLISHING, INC.

FILED Apr 21 1997 8:00am Secretary of State



Principal Pla 4499 ALTON MIAMI BCH. I		Mailing Address 4499 ALTON RD. MIAMI BCH. FL 33140-286	2					
MINIMI DOTA	(£ 60/140	minimi goti.) E garigi saco	•		3. Date Incorporated or Qualified 03/19/1990		ate of Last 08/1996	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21	······································	26			65-0204642			Not Applicable
Suite, Ap		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Sta 23		City & State	·	· ,,**; , = , ,***	Election Campaign Financing Trust Fund Contribution		Adde	May Be d to Fees
Zip	Country	Z _i p	Count	ry	a. This corporation has liability for i	ntangible	tax under	r s. 199.032,
24]	25 g. Name and Address of Cur	29]	30		Florida Statutes 10. Name and Address of New Re	Yes [
Dr.		rent negistereo Agent	la	1 Name	10, Name and Address of New Ne	Distaled .	Аделі	A
	rez, rudy 99 alton RD.		Ľ		<u> </u>			
	AMI BCH. FL 33140		8		Address (P.O. Box Number is Not Acceptable)			
			*	·				
1			8	4 City		FL	85 Zi	ip Code
44 Pursuar	to the provisions of Sections 607.	0502 and 607 1509 Florida Statut	les the abo	we-named cor	poration submits this statement for the p		Changing	ite registerer
SIGNATURE	Signaturi, typed or printed name of registered				ation's board of directors. I hereby acception is board of directors. I hereby acception is board of directors. ADDITIONS/CHANGES TO OFFICE.	DATE		
12.	PD	DELETE	1.1 TITU	· · · · · · ·	ADDITIONS/CHANGES TO OFFIC	EUS HIAL	Change	
NAME	PEREZ, RUDY		1.2 NAM	j				
STREET ADDRESS	4499 ALTON RD.		1.3 STRE	ET ADDRESS				
CITY-SI-ZIP	MIAMI BEACH FL		1.4 C/JY	-ST-ZIP				
THLE	STD	DELETE	2.1 TITL				Change	e 🔲 Additio
NAME:	PEREZ, ELIZABETH		2.2 NAM	E				
STREET ADDRESS	4499 ALTON RD. MIAMI BEACH FL 33140			et address				
CITY-ST-ZIF	MIAMI BEACH FL 33140	DELETE		'-ST-2IP			Chann	a Fladdia
TITLE NAME		□ hettit	3.1 Trīli 3.2 NAM	Į.			Change	e [_] Addition
NAME STREET ADDRESS				ET ADDRESS	•			
CITY - ST - ZIP	`(-ST-ZIP				
TIFLE		DELETE	4.1 TITLE				Change	e Addition
NAME			4. 2 NAA	1				
STREET ADORESS	3		1	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 T/TL				Change	e Addition
NAME			52 NAM	E)				
STREET ADDRESS	5		5.3 STR	ET ADDRESS				
CITY - ST - ZIP			5.4 CITY	- \$T- ZIP				
TITLE		DELETE	6.1 TiTLI				Change	e 🔲 Addition
NAME			6.2 NAM	E [
STREET ADDRESS	3		63 STRE	ET ADDRESS				
CITY-ST-7IP	1	······································	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)(i). 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 trdspe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 Jehanged, or or, an attachment with an address.

SIGNATURE: