FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

DOCUMENT # **L99718** **(3)**

CHAMPEGE MUSIC CORPORATION

Principal Place of Business	Mailing Address
860 NW 168TH TERRACE P.O. BOX 695440 MIAMI FL 33269	860 NW 168TH TERRACE P.O. BOX 695440 MIAMI FL 33269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1990
3a. Date of Last Report: 05/01/1994

21 | 26: P O Box 695440

4. FEI Number: 65-0227937 — Applied For / Not Applicable

22 | 27

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

23 | 28: MIAMI FL.

6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees

24 | 25 | 29: 33269 | 30: DADE

7. The corporation is subject to chapter 617, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

LEBLANC, PIERRE
860 NW 168TH TERRACE
MIAMI FL 33169

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 State:

11. Pursuant to the provisions of section 607.1622, 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. The corporation is authorized to transact business in the State of Florida, and the street address of its registered office and the name and street address of its registered agent are as shown below.

(Street Address and Name of Current Registered Agent)

12.

PTS
LEBLANC, PIERRE
860 NW 168TH TERRACE
MIAMI FL
D
MARC GASTON, JOSEPH
385 NE 88TH ST
MIAMI FL

13. Additional Officers and Directors (Attach additional sheet if necessary)

14. To the best of my knowledge, the information contained herein is true and accurate and that I am authorized to sign this report. For profit corporations, I further certify that the corporation has paid all fees due to the Florida Department of State that are based on gross income of the corporation for the preceding calendar year and filed any report required by Chapter 607, Florida Statutes; and that the name(s) and address(es) shown in this report for the registered agent, the registered office, and the director(s) and officer(s) are true and correct.

SIGNATURE: PIERRE LEBLANC Pierre Leblanc (P) 5/15/95 305-938-3199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0432310 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 ... 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01127 (3)

1. Corporation Name
901 SHOP, INC.

Principal Place of Business
2245 W. MCNAB RD
POMPANO BEACH FL 330694364

Mailing Address
2245 W. MCNAB RD
POMPANO BEACH FL 330694364

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1984	3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2432722	☐ 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
Suite, Apt. # etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. # etc.: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

REFENNING, JACK B.
2245 W. MCNAB RD
POMPANO BEACH FL 33069

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 607.0502 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	REFENNING, JACK B.
STREET ADDRESS	240 SE 9TH CT.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	SVD
NAME	REFENNING, JO-ELLEN
STREET ADDRESS	240 SE 9TH CT.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

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(1)(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 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: [signature] 5/15/95 305/971/5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0113094 CP