

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **M74313** (1)

1. Corporation Name

RUCIO'S MUSICAL, INC.



Principal Place of Business

**C/O GERARDO HEVIA
7855 NW 12 ST #214
MIAMI FL 33126**

Mailing Address

**C/O GERARDO HEVIA
~~7855 NW 12 ST #214~~ *1405 SW 107TH AVE*
~~MIAMI FL 33126~~ *# 301-A*
*MIAMI, FL 33174***

2. Principal Place of Business

21 675 NE 205 TER 12
Suite, Apt. #, etc.

22 AP 201
City & State

23 N. MIAMI BEACH FL
City & State

24 33174 **25 USA**
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28 **29** **30**
Zip Country

3. Date Incorporated or Qualified
03/29/1988

3a. Date of Last Report
04/19/1995

4. FEI Number
65-0033018

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

9. Name and Address of Current Registered Agent

**HEVIA, GERARDO
~~7855 NW 12 ST #214~~
~~MIAMI FL 33126~~**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1405 SW 107TH AVE # 301-A

83

84 City **MIAMI** **FL** **85** Zip Code **33174**

11. Pursuant to the provisions of Sections 607 (6)(2) 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when changing)

DATE

12. OFFICERS AND DIRECTORS

11 ☐ DELETE
NAME **D FARKAS, LEONARDO**
STREET ADDRESS **1700 SW 67TH AVE.**
CITY, STATE, ZIP **MIAMI FL**

12 ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP

13 ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP

14 ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP

15 ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP

16 ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **675 NE 205 TER 12 # 201** ☒ Change ☐ Addition
12 NAME **N. MIAMI BEACH FL 33174**
13 STREET ADDRESS **1405 SW 107TH AVE # 301-A**
14 CITY, STATE, ZIP **MIAMI FL 33174**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, STATE, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, STATE, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, STATE, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, STATE, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, STATE, 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(3)(k), Florida Statutes. I further certify that the information included 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: **LEONARDO FARKAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VS AN/08/96 (305) 651-6250

CR2E034 (12/95)