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

SIGNATURE:

Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M74313 (1) RUCIO'S MUSICAL, INC. Principal Place of Business Mailing Address 675 NE 205 TERR 675 ME 205 TERR #221 #221 DO NOT WRITE IN THIS SPACE NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 3. Date Incorporated or Qualified 03/29/1988 4. FEI Number 2. Principal Place of Business 20. Mailing Address Applied For 21 26 65-0033018 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name HEVIA, GERARDO **1405 SW 107TH AVENUE** Street Address (P.O. Box Number is Not Acceptable) #301-A **B3** MIAM! FL 33174 City 84 Zip Code 85 70502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered publications of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections office or registered agent, or both, just agent. I am familiar with, and accomplish 12+510FM SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FICERS AND DIRECTORS 12 13. DELETE 1.1 TITLE Change Addition TITLE FARKAS, LEONARDO 1.2 NAME NAME 675 NE 205 TERR #221 STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33179 1.4 CITY+ST-ZIP CITY-ST-7IP DELETE 2.1 TITLE Change Addition TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qual indicated on this annual roport or supplemental annual report is true and officer or director of the corporation or the receiver or trusted employered Block 12 or Block 13 if changed, or on an attachment with an address. ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

are and that my signature shall have the same legal effect as it made under oath; that I am an ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED