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FILE NOW: FILING FEE AFTER MAY 1ST IS \$	550.00		
PROFIT CORPORATION ANNUAL REPORT  1999  PLORIDA DEPARTM Katherine I Secretary of DIVISION OF COR	Harris 4 State		
1. Corporation Name RUCIO'S MUSICA	L THE SECRETARY OF STATE TALLAMASSEE, FLORIDA		
Principal Place of Business 21445 5475 DR SOUTH 21445 5475 DR SOUTH 21445 5475 BOCA 12ATON FL 33486	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
2. Principal Place of Business 21	4. FE4 Number 4. Set Number 5. Certificate of Status Desired  4. FE4 Number    Applied For     Not Applicable     \$8.75 Additional     Fee Required		
City & State	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees  Country 8. This corporation owes the current year Intangible Personal Property Tax. Fives [IND]  10. Name and Address of New Registered Agent		
LEONAIZDO FAIZKAS 21445 5444 DIZS. 1300A 12AION	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
11. Pursuant to the provisions of Sections 807 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 16 State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
12.  TITLE PIZES OF AT DIRECTORS  TITLE PIZES OF AT 12KAS  NAME LEONATIONS  THE PIZES AND DIRECTORS  THE PIZES AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1 TITLE [   Change   [   Add ton   12 NAME   13 STREET ADDRESS		
TITLE  NAME  STREET ADDRESS	14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS  (   Change		
TITLE [.] DELETE  NAME  STREET ADDRESS	2 4 GTY-ST-ZAP 31 THTLE		
TITLE COLLETE ANAME  STREET ADDRESS CITY-ST-ZIP	11 TITLE [ ] Change [ ] Addition 1 2 NAME 13 STREET ADDRESS 14 CITY-S1-ZIP		
ST CITY-ST-ZIP	51 TITLE [   Change   [   Addition     52 NAME   53 STREET ADDRESS   54 CITY-ST-ZIP   57 TITLE   Change   (   Addition   )		
STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate.	STREET ADDRESS 3 STREET ADDRESS 4 CITY-ST-ZIP Secription stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that rify 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 execuse Block 12 or Block 13 if changed, or on an attachment with an address, with all officer or BIGNATURE:    SIGNATURE   FOR A TYPED OR PRINTED NAME OF SIGNING OFFICER OR OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED NAME OF THE PRINTED N	te this report as required by Chapter 607. Florida Statutes; and that my name appears in a like empowered  O3/18/9 9 (56)347-667  Control of Phono #		