

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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL 27 AM 8:55

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000040640

1. Corporation Name

SONOGRAFICA MUSIC CORP.

Principal Place of Business
**101 MADEIRA AVENUE
CORAL GABLES FL 33134**

Mailing Address
**101 MADEIRA AVENUE
CORAL GABLES FL 33134**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/08/1993

4. FEI Number

65-0444341

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 owes the current year Intangible Personal Property Tax ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ARAZOZA, COMAS DE TORRES, ET AL, P.A.
101 MADEIRA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **Arazoza, Comas de Torres & Fernandez-Fraga, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **2100 Salzedo Street**

84 City **Suite 300**

Coral Gables, FL 33134

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

Jesusa de Sma

Signature, typed or printed name of registered agent and title if applicable

managing director

(NOTE: Registered Agent signature required when reinstating)

2/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P/S** ☐ DELETE
NAME **URBANO, GUILIERMO**
STREET ADDRESS **4380 NW 128TH ST.**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **VPT** ☐ DELETE
NAME **NESTARES, JAMES**
STREET ADDRESS **4380 NW 128 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P/S** ☒ Change ☐ Addition
12 NAME **Roberto Petrocceli**
13 STREET ADDRESS **4380 N.W. 128th Street.**
14 CITY-ST-ZIP **Miami, FL 33054**

21 TITLE ☐ Change ☐ Addition
22 NAME **800002946578--8**
23 STREET ADDRESS **-07/30/99--01118--027**
24 CITY-ST-ZIP ******558.75 ****558.75**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

6/18/99

Date

Daytime Phone #