

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:06

DOCUMENT # P93000077923 (9)

1. Corporation Name

BRAVO MUSIC OF AMERICA CORP.

Principal Place of Business

1601 S.W. 83RD AVENUE
MIAMI FL 33155

Mailing Address

1601 S.W. 83RD AVENUE
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1993

3a. Date of Last Report

10/07/1994

2. Principal Place of Business

21 2025 Buckell Ave

2a. Mailing Address

26 2025 Buckell

4. FEI Number

65-0448687

Applied For

Not Applicable

Suite, Apt. #, etc

22 1101 (suite)

Suite, Apt. #, etc

27 SUITE 1101

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Miami Florida

City & State

28 Miami Florida

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24 33129

Country

25 USA

Zip

29 33129

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVILA, JORGE
1601 S.W. 83RD AVE.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

Rafael Fennel

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

2025 Buckell Avenue

83 Suite 1101

84 City

Miami

FL

85 Zip Code

33129

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

(Signature) (Typed or printed name of registered agent and title if applicable)

(Signature) (Typed or printed name of registered agent and title if applicable)

6-8-95
(DATE)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

P
DAVILA, JORGE
1601 S.W. 83RD AVENUE
MIAMI FL 33155

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

Fennel, Rafael
2025 Buckell Avenue
Suite 1101 Miami FL 33129

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

S
ESPINEIRA, FERNANDO
9180 FOUNTAINEBLEAU BLVD APT 206
MIAMI FL 33172

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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. I changed my name as follows:

SIGNATURE:

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge DAVILA

6/8/95

(305) 376 7144

CR2E034 (3/95)