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

PROFIT CORPORATION ANNUAL REPORT

1998

CALI MUSICAL INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000004029 (2)

Principal Place of Business

Mailing Address

FILED

Jan 30 1998 8:00am

Secretary of State

1070 SW 86 PEMBROKE F US	AVE PINES FL 33025	1070 SW 86 AVE PEMBROKE PINES FL 3: US	3025		DO NOT WRITE IN 3. Date Incorporated or Qualified 01/18/1994	THIS SPACE	
2. Principal Pi	ace of Business	2a. Mailing Address	<u> </u>		4. FEI Number 57-0992170	Applied For Not Applicable	
Suite, Apt.	*, etc. 15 NW 79Th ST	Suite, Apt. #, etc.			5. Certificate of Status Desired	60 7E	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 33)	47 25 DADE	Zip 29	Country 30	,	This corporation owes or has paid the Personal Property Tax due June 30.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent	81	Y	10. Name and Address of New Registe	ered Agent	
HORITADOR MAINO				Name			
1070 SW 86 AVE PEMBROKE PINES FL 33025			82		Street Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City		FL 85 Zip Code	
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 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent OFFICERS AND			ant signature requ		ATE CONTROL IN THE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	HURTADO, JAIRO	- OFFEIT	1.2 NAME	İ		Cuside D vanition	
STREET ADDRESS	1070 S.W. 86TH AVE.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-S	1			
TITLE	8	DELETE	2.1 TITLE	11-211	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	HURTADO, NORA E		2.2 NAME			· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	1070 SW 86TH AVE.		2 3 STREET	ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CiTY-1	ST-ZIP	· •	,	
TITLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ST-ZIP			
TITLE		DEFELE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		Doruge	4.4 CITY-S	T-ZIP			
TITLE		☐ DETELE	5.1 TITLE			☐ Change ☐ Addition	
NAME OTOGET ADDOCCO			5.2 NAME	*000000			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	1-214		Change Addition	
NAME		vice it	6.2 NAME			[] Origings [] Addition	
STREET ADDRESS			6.3 STREET	annesce			
CITY-ST-ZIP			64 CITY-S				
WILL 1 - WILL 4			= 04 DHT*3	. 4.0			

14. Thereby 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 on an attachment with an address.

1-01-00