FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:16

DOCUMENT # **P94000009049 (5)**

1. Corporation Name
MAX MUSIC & ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
~~601 BRICKELL KEY DR.~~ ~~SUITE 501~~ ~~MIAMI FL 33131-2651~~	~~601 BRICKELL KEY DR.~~ ~~SUITE 501~~ ~~MIAMI FL 33131-2651~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8250 NW 27 Street	26 8250 NW 27 Street
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27 Suite 301
City & State 23 Miami	City & State 28 Miami
Zip / County 24 33122 / 25 DADE	Zip / Country 29 33122 / 30 DADE

4. FEI Number: 65-0462384 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~REGISTERED AGENT + OFFICE, INC.~~ ~~601 BRICKELL KEY DR.~~ ~~SUITE 501~~ ~~MIAMI FL 33131-2651~~	81 Name: Alfredo Picallo 82 Street Address (P.O. Box Number is Not Acceptable): 8250 NW 27 Street 83 Suite 301 84 City: Miami FL 85 Zip Code: 33122

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] 7/31/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	DEGA, MIGUEL	12 NAME	8250 NW 27 Street
STREET ADDRESS	~~601 BRICKELL KEY DR. #501~~	13 STREET ADDRESS	Suite 301
CITY-ST-ZIP	~~MIAMI FL 33131-2651~~	14 CITY-ST-ZIP	Miami, FL 33122
TITLE	Picallo, Alfredo	21 TITLE	Pres/Sec/Treasurer/Secretary ☐ Change ☒ Addition
NAME		22 NAME	8250 NW 27 Street
STREET ADDRESS		23 STREET ADDRESS	Suite 301
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, FL 33122
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

PAID
JUL 31 1995

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 119.07(3)(k), 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.

SIGNATURE: [signature] 7/31/95 593-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alfredo Picallo

0130483 CP