PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400009049

MAX MUSIC & ENTERTAINMENT, INC.

						⊀		 		1 1 1818 (1911 (1911
Principal Place of Business Mailing Address										
777 BRICKELL										
SUITE 800 SUITE 800						DO N	OT 18/013	TE IN THIS	SDACE	
MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
us us						l	Zuanteu			Ï
						01/26/1994				nulind Cor
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			·	pplied For
21		26				65-0462384				ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status D	esired	₹		Additional equired
22 27 27						<u> </u>				
City & State City & State						6. Election Campaign Fi	_		•	May Be
23		28				Trust Fund Contribution				to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes		ent year Int		
24	25 29 30					Personal Property Ta.			L) Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address	of New R	legistered	Agent	
			8	1 Name	D	EGA, MIGUEL				
PICALLO, ALFREDO				82 Street Address (P.O. Box Number is N				ible)		
777 BRICKELL AVE				- 0		17 Brickecc X		,		
SUITE 800			8	3						
MIAMI FL 33131						7.7E 800			Ta-1	
			8	4 City	H	iam:		FL	85 Zip	Code
44 Durament	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes 1	he abo	ve-namer	Leorna	ration submite this statemer	nt for the	nurnose of	changing it	s registered
l office or re	edistered agent, or both, in the State (of Florida. Such change was autho	rizeg p	y the corp	oration	n's board of directors. I here	by accep	t the appoi	ntment as r	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statute	es.				dila	_	
SIGNATURE	Ut is							4/21/9	9	
42	Signature, typed or printed name of registered agen	D DIRECTORS	13.	ent signature	required	when reinstatung) ADDITIONS/CHANGES	S TO OF	FICERS AN	ID DIRECT	ORS IN 12
12.	_ -		1.1 TITLE				3 10 011	IOLINO AIN	Change	Addition
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NAME	DEGA, MIGDEE		1.2 NAME							
STREET ADDRESS			1.3 STREET ADDRESS		3					}
CITY-ST-ZIP	MIAMI FL		1.4 CITY-		ļ				Change	Addition
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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 on an atjacchment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: __

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90022 024 ***158.75