

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

0250450

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90126 049 \*\*\*150.00

DOCUMENT # P94000055145

1. Corporation Name  
MOON RED MUSIC, INC.



Principal Place of Business  
1405 SW 107TH AVE #301-A  
MIAMI FL 33174-2520

Mailing Address  
1405 SW 107TH AVE #301-A  
MIAMI FL 33174-2520

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 217 E. RIVEROAT DR  
Suite, Apt. #, etc.  
22  
City & State  
23 MIAMI BCH, FL  
Zip Country  
24 33139 25 USA  
26 217 E. RIVEROAT DR  
Suite, Apt. #, etc.  
27  
City & State  
28 MIAMI BCH, FL  
Zip Country  
29 33139 30 USA

3. Date Incorporated or Qualified  
07/26/1994

4. FEI Number  
65-0511995

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  
SANTANDER, FLAVIO  
1405 SW 107TH AVE #301-A  
MIAMI FL 33174-2520

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
217 E RIVEROAT DR  
83  
84 City MIAMI BCH FL 85 Zip Code 33139

11. Pursuant to the provisions of Sections 607.0503 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 *X Flavio E. Santander* DATE 4/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANDER, FLAVIO	1.2 NAME	
STREET ADDRESS	1405 SW 107TH AVE #301-A	1.3 STREET ADDRESS	217 E. RIVEROAT DR
CITY-ST-ZIP	MIAMI FL 33174-2520	1.4 CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	VSP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANDER, GLORIA	2.2 NAME	
STREET ADDRESS	1405 SW 107TH AVE #301A	2.3 STREET ADDRESS	217 E. RIVEROAT DR
CITY-ST-ZIP	MIAMI FL 33174-2520	2.4 CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address, with another like empowered.

SIGNATURE: *X Flavio E. Santander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/22/99  
DAYTIME PHONE #

CR2E034 (11/98)