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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State" >> DIVISION OF CORPORATIONS

DOCUMENT # P94000081398 (7)

FILED Feb 18 1998 8:00am Secretary of State

APONTE LATIN MUSIC, INC. Principal Place of Business Mailing Address 8683 N.W. 58TH STREET 8663 N.W. 56TH STREET ATTN: EDWIN L. APONTE ATTN: EDWIN L. APONTE DO NOT WRITE IN THIS SPACE MIAMI FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 11/07/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0533913 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name APONTE, EDWIN L 8663 N.W. 56TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33166** 83 A4 City 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 tille if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE APONTE, EDWIN L NAME 1.2 NAME 8663 N.W. 56TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 City-St-7IP TITLE VPI DELETE 2.1 TITLE ☐ Change Addition LYONS, AMANDA 2.2 NAME 8663 N.W. 56TH ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE APONTE, ANA I 3.2 NAME 8663 N.W. 56TH ST 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ 4.1 TITLE Change Addition TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITUE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition 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 em 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 chapped, or on an attachment with an address.

SIGNATURE:

Emill Aponte

Feb 10/98 305 477-9830