

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000085060 (9)**

1. Corporation Name

MUSICANA ENTERPRISES, INC.

Principal Place of Business

**7600 N.W. FIFTH COURT
SUITE 206
MARGATE FL 33063**

Mailing Address

**7600 N.W. FIFTH COURT
SUITE 206
MARGATE FL 33063**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**D. PUGLIESE A NNETTE
7600 N.W. FIFTH COURT
SUITE 206
MARGATE FL 33063**

3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
01/04/1996

4. FEI Number

65-0602596

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

10. Name and Address of New Registered Agent

81 Name

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signed, taken, deposited, collected, paid, or filed by

Notary Public

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DCEO
PUGLIESE, ANNETTE**
STREET ADDRESS **1692 CORAL TERRACE**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068-4128**

TITLE ☐ DELETE

NAME **PUGLIESE, ANNETTE**
STREET ADDRESS **1692 CORAL TERRACE**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068-4128**

TITLE ☐ DELETE

NAME **VPTS
PELLEGRINI, PAUL M III**
STREET ADDRESS **1917 EAST MARGATE DRIVE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Annette Pugliese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/96

(954) 970-9957

CR2E034 (12/95)