FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # **P94000085060 (9)**

1. Corporation Name
MUSICANA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7600 N.W. FIFTH COURT SUITE 206 MARGATE FL 33063	7600 N.W. FIFTH COURT SUITE 206 MARGATE FL 33063-7465

3. Date Incorporated or Qualified: 11/21/1994
3a. Date of Last Report: 05/01/1996
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PUGLIESE ANNETTE
7600 N.W. FIFTH COURT
SUITE 206
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: Annette Pugliese
82 Street Address (P.O. Box Number is Not Acceptable): 7600 NW 5th St.
83 Suite 206
84 City: Margate FL 85 Zip Code: 33063

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 X Annette Pugliese ANNETTE PUGLIESE 4/22/97
Signature, typed 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	DCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PUGLIESE, ANNETTE		1.2 NAME	
STREET ADDRESS	1692 CORAL TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068-4128		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PUGLIESE, ANNETTE		2.2 NAME	
STREET ADDRESS	1692 CORAL TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068-4128		2.4 CITY-ST-ZIP	
TITLE	VPTS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PELLEGRINI, PAUL M III		3.2 NAME	
STREET ADDRESS	1917 EAST MARGATE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: X Annette Pugliese 4/22/97 970-9957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #