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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P95000019949 (3)

INTER-MEX MUSIC DISTRIBUTION, INC.

Principal Place of Business



| Tilliopa Fiace (| OI D0311633 | Maiing Aodress | | |
|---|---|-------------------------------------|---|--|
| 435 W HWY LABELLE FL | | 435 W HWY 80 LABELLE FL 33935 | | |
| | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1995 |
| 2. Principal Plac | | 2a. Mailing Address | 2010 | 4. FEI Number Applied For |
| | Lee St. | · | 3060 | 65-0559018 Not Applicab |
| Suite, Apt. # | , etc. | Suile, Apt. #, etc. | | 5. Certificate of Status Desired See Required Fee Required |
| City & State 23 La Belle, FL | | City & State 8 ell (| FL | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees |
| Zip 39 | 35 Country S A | Zip 33935 | Country 30 U.S A | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No |
| | 9. Name and Address of Curren | t Registered Agent | | 10. Name and Address of New Registered Agent |
| p. | | | 81 Name | |
| RUBIO, JOSE M JR. | | | 62 Street Add | dress (P.O. Box Number is Not Acceptable) |
| | IARINER CT | | | |
| LABELLE FL 33935 | | | 83 | |
| | | | 84 City | FL 85 Zip Code |
| or registere | o the provisions of Sections 607.0502 of agent, or both, in the State of Floric n, and accept the obligations of, Secti | ta. Such change was authorized | the above-named corpo by the corporation's boa | oration submits this statement for the purpose of changing its registered officer of directors. I hereby accept the appointment as registered agent. I am |
| torrance train | if and becopy the obligations of, Seen | ion cor.osos, monda statutes. | | |
| SIGNATURE _ | Stracture, typed or printed partial of preliminary agents | negr 6 to 11 mad solds | D | COLUMN TO THE COLUMN T |
| SIGNATURE s | Signature, typed or printed name of registured agent. OFFICERS AND | | Rugistered Agent signature require | |
| 12. | Signature, typed or printed name of registured agent OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. TITLE | D OFFICERS AND LUNA, VICTOR | | 13. 1. 1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. TITLE NAME | D OFFICERS AND LUNA, VICTOR 10570 ROBINSON ST | DIRECTORS | 13. 1.1 TIFLE 1.2 NAME | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
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GNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The needy certify that the information supplied with this ling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information ind cated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 or an attachment with an address.

GNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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