

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058599 (8)

1. Corporation Name

GROOVY TUNES, INC.

Principal Place of Business

5788 BIRD ROAD
MIAMI FL 33155

Mailing Address

5788 BIRD ROAD
MIAMI FL 33155



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27 City & State

28

23 Zip

Country

29 Zip

Country

30

9. Name and Address of Current Registered Agent

**GUELL, RAYMOND
5788 BIRD ROAD
MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable)

(IN THE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D GUELL, RAYMOND	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5788 BIRD ROAD		1.2 NAME	
CITY, ST, ZIP	MIAMI FL 33155		1.3 STREET ADDRESS	
NAME			1.4 CITY, ST-ZIP	
STREET ADDRESS				
CITY, ST, ZIP				
NAME			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.2 NAME	
CITY, ST, ZIP			2.3 STREET ADDRESS	
NAME			2.4 CITY, ST-ZIP	
STREET ADDRESS				
CITY, ST, ZIP				
NAME			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME	
CITY, ST, ZIP			3.3 STREET ADDRESS	
NAME			3.4 CITY, ST-ZIP	
STREET ADDRESS				
CITY, ST, ZIP				
NAME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME	
CITY, ST, ZIP			4.3 STREET ADDRESS	
NAME			4.4 CITY, ST-ZIP	
STREET ADDRESS				
CITY, ST, ZIP				
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME	
CITY, ST, ZIP			5.3 STREET ADDRESS	
NAME			5.4 CITY, ST-ZIP	
STREET ADDRESS				
CITY, ST, ZIP				
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME	
CITY, ST, ZIP			6.3 STREET ADDRESS	
NAME			6.4 CITY, ST-ZIP	
STREET ADDRESS				
CITY, ST, ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (305) 541-0457
Date Daytime Phone #

CR2E034 (12/95)