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

DOCUMENT # P95000079015 (0)

VICEVERSA MUSIC, INC.

Principa	Pace of	Business

DANK NIME ESON OT

Mailing Address

8405 N.W. 53RD ST

FILED Apr 14 1997 8:00am Secretary of State



SUITE C-106 Miami Fl 33166	SUITE C-106 MIAMI FL 33166-4511			N		
		3. Dat		3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 02/20/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 3348 TORREMOLINOS AVENUE Suite, Apl. #, etc	26 3348 / WEEN Suite, Apt. #, etc.	10UNOS AVEN	NVE.	65-0632693		Not Applicable
22	27			5. Certificate of Status Desired		5 Additional e Required
City & State 23 MiAMI , FU.	City & State 28 MIAMI , FL ·			6. Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees	
Zip Country 25 USA ·	29 33/78	Country USA	•		Yes No	er s. 199.032,
9. Name and Address of Current F	Registered Agent			10. Name and Address of New Re	gistered Agent	
POZA, JOSE L		81 Name	FE	ERNANDO OSOI	e10	
8405 N.W. 53RD ST. Suite C-108		82 Street 33	Address 48	s (P.O. Box Number is Not Acceptable # *** *******************************	AVE ·	
MIAMI FL 33166		83				
,·		84 City	MAI	<u> </u>	FL 85	Zip Code 33/78
11. Pursuant to the provisions of Section 607.0502 a	and 607.1508. Florida Statu				urpose of changi	na its registered
 Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. Lam familiar with, and accell, the obligation 	lorida Such change was	authorized by the corporada Statutes.	poration	's board of directors. I hereby accep	t the appointmen	t as registered
SIGNATURE				4	9 97	
Separate, typed or profession, of refusioned agent a		TE: Registered Agent signature	required v		DATE	
12. OFFICERS AND D		13.	·	ADDITIONS/CHANGES TO OFFIC		
OCODIO EEDMANDO	☐ DELETE	1 1 TITLE	D _		Chai	nge L. Addition
OSORIO, FERNANDO STREET ACRIBESS 8405 N.W. 53RD ST. SUITE C-10	10	1.2 NAME	7-6	RNANDO OSORIO		
LNAME PLANADA	ю.	1.3 STREET ADDRESS		HB TORREMOUNDS AVE.	•	
CITY \$1-78" MIAMI FL 33166	DESTRE	1.4 C/TY-ST-ZIP	MIL	Mi, fl. 33178 .	FT 6	The same
McF	☐ DELETE	2 1 TITLE			Chai	nge L Addition
HAME		22 NAME				
STHEEL ADDRESS		23 STREET ADDRESS				
CLY 51-78°	DELETE	2. 4 City - ST-ZIP			☐ Chai	nge Addition
THE	L_ Deceie	3 1 TITLE			L Cital	iñe FT Vooillou
NAME		3.2 NAME				
SPRET ADDRESS		3.3 STREET ADDRESS				
GHY-SI-7i	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE			☐ Chai	nge Addition
	F-1 PEELIE	1				ige [] Ruoilloii
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CHY-S1-20°	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Chai	nge Addition
	□ veet it				Cital	iñe 🗀 vadition
NAME OTAL A MERCHAGO		5.2 NAME				
STREET ADDRESS		5 3 STREET ADDRESS				
CBY-S1 2F	DELETE	5.4 City-St-ZiP	l		117	nge Addition
THE	ביין טנונינ	6.1 TITLE			L. Char	iña 🗂 Wasiliot)
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
14. I do hereby certify that the information supplied v	with this filling does not another	6.4 CITY-ST-ZIP	totod i-	Cooling 140 07/2/0) Florida Dist.	a I further partific	that the

ntal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report or suppli-Lam an officer or director of the corporation or the

SIGNATURE:

'AEQUIRED