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 # P9600001243 (0)

MUSIC DESIGN, INC.

FILED May 01 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing A	Mailing Address				O TORALOUS 138 JOINE RIVIN CORFO CORTO MOTAL COLOR FIRM HARL DI DEC ANTI JORES				
4248 SW 74 AV MIAMI FI, 33155			4248 SW 74 AVENUE MIAMI FL 33155-4406								
							3. Date Incorporated or Qualified 01/05/1996	3a. Da	ite of Last R	eport	
2. Principal Pl	lace of Business	2a. Mailir	g Address				4. FEI Number	.1	Ar	oplied For	
21		26					EIN 65 06406	26		ot Applicable	
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22		27					5. Certificate of Status Desired		Fee Re	equired	
City & State	9	City 8	State				6. Election Campaign Financing		\$5.00	May Be	
23		28	·				Trust Fund Contribution			to Fees	
Zipi	Country	t = n	Zip Cou			5. This corporation has made in			tangible tax under s. 199 032, Yes No		
24	25] 9. Name and Address of 0	29	Naant	30	r		10. Name and Address of New Re				
DAM	REZ, FRED ESQ	zatient negistaten	Agent		81	Name	10. Name and Address of New Re	gistered /	Agent		
	HINES BOULEVARD #C										
	BROKE PINES FL 33024				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
FEM	IUNUNE FINES FL 93024				83						
					84	City		FL	85 Zip i	Code	
11. Pursuant f	to the provisions of Sections 60	07.0502 and 607.150	8, Florida Statu	ites, the at	bove	e-named cor	poration submits this statement for the p		changing it	ts registered	
office or re	egistered agent, or both, in the manufacture of the miliar with, and accept the	State of Florida, Suc emblications of Secti	chichange was	authorized	d by	y the corpore	poration submits this statement for the p ation's board of directors. I hereby accep	t the app	ointment as	registered	
	THE PRINCE THE CONTRACTOR	cangations of ocoti	G(1 G (1 . G(G (3), 1	ionati otal		J.					
SIGNATURE	Signature, typed or printed name of regist	ered agent and title it applica	ble (NO	I.f. Registered	d Age	nnt signature tequ	pired when relistating)	DATE			
12.		RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PSTD		☐ DELETE	1.1 16	TLE	İ			Change	Addition	
NAME	BIGHI, SILVIA	-DILE		1.2 N	AME						
STREET ADDRESS	9070 HAMMOCK LAKE D	KIVE		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156		- Creek			11-ZIP				——————————————————————————————————————	
TITLE			DELETE	2.1 10					☐ Change	Addition	
NAME				22 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	2. 4 C 3.1 Tr		ST - ZIP			Change	☐ Addition	
NAME				3.1 N					Change	☐ YOURION	
STREET ADDRESS						ADDDECC					
CITY-ST-ZIP				1		ADDRESS ST-ZIP					
TITLE			DELETE	4.1 TI		21.729	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME				4.2 N							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP						ST-ZIP					
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TI					Change	Addition	
NAME				5.2 N/	AME				-		
STREET ADDRESS				1		ADDRESS					
CiTY-ST-ZIP				5.4 CI							
TITLE	·		DELETE	6.1 70					Change	Addition	
NAME				62 N/	AME						
STREET ADDRESS				6.3 S1	IRE£1	ADDRESS	•				
CITY-ST-ZIP				6.4 CI	ITY-S	ST-ZIP					
	ov certify that the information s	upplied with this filing	does not qua				ed in Section 119.07(3)(i) Florida Statutes	Lfurther	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.

CIGNATURE.

SHOW BY

April 23 97 (305)265-1868