FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000006263 (3)**

I'M WILD YOUR CRAZY MUSIC CO.

FILED Feb 13 1998 8:00am Secretary of State

305)887-5066

Principal Place of Business Mailing Address					I HODINODI HIR GOITH BUILL ODIH! BOHIN CHUIL DONN DONN DHIH HUUTH DHIHA WILL LODK	
2511 SW 24TH CT 2511 SW 24TH CT						
Miami FL 33133 Miami FL 33133						
				<u> </u>	E IN THIS SPACE	
				3. Date incorporated or Qualified		
6 D-in size a) Ci	lace of Business	Ton Date Addition		01/22/1996		
	SE 5 PWC	2a. Mailing Address	5 PLACE	4. FEI Number 65-0664316	Applied For Not Applicable	
Suite, Apt.		Suile, Apt. #, etc.			60.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 HIALE	*# FL	28 HIALEAN F	L	Trust Fund Contribution	Added to Fees	
Ζp	Country	Zip	Country	8. This corporation owes or has p	paid the current year Intangible	
24 330		29 330W	30 USA	Personal Property Tax due Jur		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
TOLEDO, RICHARD G						
100 N BISCAYNE BLVD, SUITE 1717 82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33132						
			83			
			84 City		85 Zip Code	
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typical or product review the sectional approximate the product and table (NOTE Registered Agent signature required when reinstating) DATE						
12.	Signature, typied or prodect rate of the pedestrollings of OF LICERS AND		13.	Prequired when reinstating) ADDITIONS/CHANGES TO OFF		
THLE	D	DELETE	1.1 TITLE	V	Change Addition	
NAME	DEBOLT, ELIZABETH F		1.2 NAME	DEBOLT, ELIZABUTH F		
STREET ADDRESS	2511 SW 24TH CT		1.3 STREET ADDRESS	670 SHILDH TOLD		
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY - ST - ZIP	DAVIE, FL 33325	İ	
TITLE	D	DELETE	2.1 TITLE	8	Change Addition	
NAME	SANTOS, CARLOS		2.2 NAME	SANTOS, CAPLOS	<i>–</i> –	
STREET ADDRESS	2511 SW 24TH CT		2.3 STREET ADDRESS	670 SHILDH TERR		
CITY-ST-ZIP	MIAMI FL 33133		2 4 CITY-ST-ZIP	DAVIE, FL 33325		
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			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		DELFTE	51 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		L DELETE	6.1 TITLE	1	Change Addition	
NAME			6.2 NAME		l	
STREET ADDRESS			6.3 STREET ADDRESS)	
CITY-ST-ZIP		·	6 4 CITY - ST - ZIP	H = 0 - 10 - 10 07/07/2 Ft = 0 - 0	I for the second	
14. I hereby certify that the information supplied with this tiling 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 of 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.						
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