PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF FOR KINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

98 MAR -2 PH 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000037625

1. Corporation Name

SIGNATURE:

MIAMI INTERNATIONAL MUSIC FESTIVAL, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division II	75			NACTO A ALA					1				
	lace of Busines			Mailing Addr	ess				}				
	MI, FL		ISLAND 33109	SAN	Æ			RE	INSTA	TEM	ENT_	97-9	18
If above a	addresses are i	ncorre	at in any way, line t	rough incorrect in	nformation a	and enter	correction I	below.	ĺ			a. a.	100
[± 4 = .						ng Office Address, If Applicable 4. Date Incorp					ed	2/	1.51
Suite, Apt. #, etc. Suite, Apt. #,						EVIN	E, C	P.A	} 	ess in Florida	4/03	/96 ⁵ /,	498
1685 City & State City & State					N.E.	_2NC	AVE	.#30	5. FEI Number				oplied For
	·		1 '	16855 N.E. 2ND AVE.#30 B. FERNING. City & State N. MIAMI BCH FL. 33163 6.								ot Applicable	
Ζιρ	}	Coun	try	Zip		Country	y		CERTIFICATE	OF STATUS DES	SIRED 🗆 S	8.75 Additiona for a Certifica	
7. Names	and Street Add		of Each Officer an	d/or Director (Flo	rida nonpro								
Title(s)	2	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City / State / Zip						
P/S/T/D VIVIANE VENTURA					5246 FISHER ISLAND				ND	MIAMI	FL.	33109)
D	RUDY PEREZ					2015 BAYSIDE EAST, FISHER						AMI,FL.	
D	RICHARD C. WOLFE					2015 BAYSIDE EAST, FISHER ISLAND				MTAMT	DT.	33109	
D	ROSARIO KENNEDY					2015 BAYSIDE EAST FISHER ISLAND				·	-	33109	
										000024518774 -03/10/9801033013			
·												U1U33==()\$****	
	8. Name	and A	ddress of Curren	Registered Age	nt				9. Name and A	ddress of New	Registered	Agent L	
							Name JACK LEVINE, C.P.A.						
							Street Address (P.O. Box Number is			· ·			
							Suite, Ar	ot. #. Etc.	N.E. 2n # 303	<u>a avenu</u>	<u> </u>		
					_		City N.	MTAN	II BEACH		Ste		
10. I, being	appointed he	registe	ed agent of the ab	ove name o ecroc	ration am 1	amiliar wil	h and acce	opt the ob	ligations of Section	n 607.0505, F.		<u>- 33 0</u>	4
Signature o Registered	Agen1 UT	JN,		EGISTERED AGI	NT MUST	INC	<u> </u>	,		Date 2_/	19/98	J	-
11. Thi	is corpor angible F	atio ers	n owes or h onal Proper	as paid the ty tax due	e curre June 3	nt yea	ar Ye	es 🗷	No 🗖	{		ide for informat angible tax.)	iion
			director or the rece the reason for diss										