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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000037625

1. Corporation Name

MIAMI INTERNATIONAL MUSIC FESTIVAL, INC.

		11074-1								
Principal Place	e of Business	Mailing Address	-				: 10110 611() 66()	odii(601(1 61	KAN IRDI (VIII)	
5246 FISHER ISLAND C/O JACK LEVINE. C.P.A. MIAMI FL 33109 16855 N.E. 2ND AVE. #300 N. MIAMI BEACH FL 33163			06				DO NOT WA	RITE IN TH	IS SPACE	
					3.	04/30/1996	ed or Qualifed	d		
	lace of Business	2a. Mailing Address	,		4.	FEI Number			7	Applied For
	<u> </u>	26				65-0667047			1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Sta	itus Desired	Ο.		Additional Required
City & State	e.	City & State		:	6.	Election Campa	ion Financino		\$5.00	0 May Be
23		28			1	Trust Fund Con				d to Fees
Zip 24	Country 25	Zip 29	Cour	ntry	8.	This corporation		rrent year l	ntangible Yes	□No
	9. Name and Address of Current	Registered Agent			10.	Name and Add		Registere		•
1 - 4	AIT IAOK ODA	180 8 1 Ber (1		81 Name						
1685	NE, JACK CPA 55 N.E. 2ND AVENUE	entraga program i servici de la composition della composition dell		82 Stree	t Address (P	.O. Box Number	is Not Accep	table)		.
	E #303 NAMI BEACH FL 33162		Į	83						
			ſ	84 City		į- "	rann be a seal of leaf	Carel Ville 199	85 Zip	Code `
ayent. i an	egistered agent, or both, in the State of m familiar with, and accept the obligation	LEIDAGA SUCA CARAGO WAS A	HITOORIZEO	DV IDA COU	ooration's bo	ard of directors.	I hereby acce	ept the app	ointment as r	registered
agent. I an SIGNATURE	registered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Floand title if applicable. (NOTE)	orida Statu	by the corp tes.	required when re	ard of directors.	I hereby acce	DATE	ointment as r	registered
agent. I an SIGNATURE 3	Signature, typed or printed name of registered agent OFFICERS AND PSTD	ons of, Section 607.0505, Floand title if applicable. (NOTE	orida Statu	by the corpletes.	required when re	ard of directors.	I hereby acce	DATE	ointment as r	ORS IN 12
agent. I an SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PSTD VENTURA, VIVIANE	ons of, Section 607.0505, Floand title if applicable. (NOTE)	Registered /	tes. Agent signature	required when re	ard of directors.	I hereby acce	DATE	ointment as r	ORS IN 12
SIGNATURE 12.	signature, typed or printed name of registered agent of PSTD VENTURA, VIVIANE 5246 FISHER ISLAND	ons of, Section 607.0505, Floand title if applicable. (NOTE)	: Registered / 13.	tes. Agent signature	required when re	ard of directors.	I hereby acce	DATE	ointment as r	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. OFFICERS AND PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109	ons of, Section 607.0505, Fig. and title if applicable. (NOTE D DIRECTORS	Registered / 13. 1.1 TITL 1.2 NAA	by the corp tes. Agent signature LE	required when re	ard of directors.	I hereby acce	DATE	ointment as r	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	signature, typed or printed name of registered agent. OFFICERS AND PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D	ons of, Section 607.0505, Floand title if applicable. (NOTE)	Registered / 13. 1.1 TITL 1.2 NAA	by the corples. Agent signature E AE EEET ADDRESS Y-ST-ZIP	required when re	ard of directors.	I hereby acce	DATE	ointment as r	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pristered agent, or both, in the state of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or familiar with a secon	Trionda. Such change was a cons of, Section 607.0505, Fig. and title if applicable. (NOTE) DIRECTORS DELETE	Registered / 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL	Oy the corp Agent signature E ME REET ADDRESS Y-ST-ZIP	required when re	ard of directors.	I hereby acce	DATE	ointment as r	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pristered agent, or both, in the state of m familiar with, and accept the obligation of familiar with, or provided the obligation of familiary with, and accept the obligation of familiar with, or provided the obligation of familiar with, and accept the obligation of familiar with a second or familiar	Trional Such Change was a cons of, Section 607.0505, Fig. and title if applicable. (NOTE DELETE DELETE	Registered / 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.2 NAA	Oy the corp Agent signature E ME REET ADDRESS Y-ST-ZIP	required when re	ard of directors.	I hereby acce	DATE	ointment as r	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pristered agent, or both, in the state of m familiar with, and accept the obligation of familiar with, or provided the obligation of familiary with, and accept the obligation of familiar with, or provided the obligation of familiar with, and accept the obligation of familiar with a second or familiar	Trional Such Change was a cons of, Section 607.0505, Fig. and title if applicable. (NOTE DELETE DELETE	### Registered / 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.2 NAA 2.3 STR 2.4 CIT 2.4 CITL 2.4 CITL 2.5 CITL 2.5 CITL 2.7	Dy the corp tes. Agent signature E AE EEET ADDRESS Y-ST-ZIP E AE EEET ADDRESS Y-ST-ZIP	required when re	ard of directors.	I hereby acce	DATE	ointment as r	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent. OFFICERS AND PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D	ons of, Section 607.0505, Fig. and title if applicable. (NOTE DELETE DELETE DELETE DELETE	### Registered ### 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAA 2.3 STR	Dy the corp tes. Agent signature E AE EEET ADDRESS Y-ST-ZIP E AE EEET ADDRESS Y-ST-ZIP	required when re	ard of directors.	I hereby acce	DATE	ointment as r	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C	ons of, Section 607.0505, Fig. and title if applicable. (NOTE) DIRECTORS DELETE CLAND DELETE	### Registered / 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.2 NAA 2.3 STR 2.4 CIT 2.4 CITL 2.4 CITL 2.5 CITL 2.5 CITL 2.7	Agont signature E ME ME ME ME ME ME ME ME ME	required when re	ard of directors.	I hereby acce	DATE	ND DIRECT Change Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C 2015 BAYSIDE EAST, FISHER IS	ons of, Section 607.0505, Fig. and title if applicable. (NOTE) DIRECTORS DELETE CLAND DELETE	### Registered / 13. 1.1 TITL 12 NAM 13 STR 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP E LEET ADDRESS EET ADDRESS EET ADDRESS	required when re	ard of directors.	I hereby acce	DATE	ND DIRECT Change Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP	PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C	ons of, Section 607.0505, Fig. and title if applicable. (NOTE) DIRECTORS DELETE DELETE SLAND DELETE	### Registered / ### 13. 1.1 TITL 12 NAM 13 STR 1.4 C/T) 22 NAM 2.3 STR 2.4 C/T 3.1 TITL 3.2 NAM 3.3 STR 3.4 C/T) 3.4 C/T 3.4 C/T 3.5 TITL 3.5 NAM 3.5 TR 3.4 C/T 3.7 TR 3.4 C/T 3.7 TR 3.7 TR 3.4 C/T 3.7 TR 3.7 T	Agont signature LE ME REET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP	required when re	ard of directors.	NGES TO OF	DATE FFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Signature, typed or printed name of registered agent. OFFICERS AND PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C	ons of, Section 607.0505, Fig. and title if applicable. (NOTE) DIRECTORS DELETE CLAND DELETE	### Registered / ### 13. 1.1 TITL 12 NAM 13 STR 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.1 T	Dy the corp tes. Agent signature E AE AE AE AE AE AE AE AE AE	required when re	ard of directors.	NGES TO OF	DATE FFICERS A	ND DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Signature, typed or printed name of registered agent of the obligation of the control of the obligation of the	ons of, Section 607.0505, Fig. and title if applicable. (NOTE) DIRECTORS DELETE DELETE SLAND DELETE DELETE	### Registered / ### 13. 1.1 TITL 1.2 NAM 1.3 STR 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	Dy the corp tes. Agent signature E AE AE AE AE AE AE AE AE AE	required when re	ard of directors.	NGES TO OF	DATE FFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D KENNEDY, ROSARIO 2015 BAYSIDE EAST, FISHER IS	ons of, Section 607.0505, Fig. and title if applicable. (NOTE) DIRECTORS DELETE DELETE SLAND DELETE DELETE	### Registered / ### 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITL 22 NAM 2.3 STR 2.4 CITL 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITL 4.2 NAM 4.3 STR 4.3 STR 4.3 STR	Dy the corp tes. Agent signature LE AE	required when re	ard of directors.	NGES TO OF	DATE FFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Signature, typed or printed name of registered agent of the obligation of the control of the obligation of the	ons of, Section 607.0505, Fig. and title if applicable. (NOTE DELETE DELETE SLAND DELETE SLAND	### Registered / ### 13. 1.1 TITL 1.2 NAA 1.3 STR 2.4 CIT 3.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 4.2 NAA 4.3 STR 4.4 CITY 4.4	Dy the corp tes. Agent signature E AE AE AE AE AE AE AE AE AE	required when re	ard of directors.	NGES TO OF	DATE FFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D KENNEDY, ROSARIO 2015 BAYSIDE EAST, FISHER IS	ons of, Section 607.0505, Fig. and title if applicable. (NOTE) DIRECTORS DELETE DELETE SLAND DELETE DELETE	### Registered / ### 13. 1.1 TITL 1.2 NAM 1.3 STR 2.4 CITL 3.2 NAM 3.3 STR 3.4 CITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5	Dy the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E RET ADDRESS	required when re	ard of directors.	NGES TO OF	DATE FFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D KENNEDY, ROSARIO 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D KENNEDY, ROSARIO 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109	ons of, Section 607.0505, Fig. and title if applicable. (NOTE DELETE DELETE SLAND DELETE SLAND	### Registered / ### 13. 1.1 TITL 1.2 NAA 1.3 STR 2.4 CIT 3.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	Dy the corp tess. Agent signature LE AE	required when re	ard of directors.	NGES TO OF	DATE FFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D KENNEDY, ROSARIO 2015 BAYSIDE EAST, FISHER IS	ons of, Section 607.0505, Fig. and title if applicable. (NOTE DELETE DELETE SLAND DELETE SLAND	### Registered / ### 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITL 22 NAM 2.3 STR 2.4 CITL 3.1 TITL 4.2 NAM 3.3 STR 4.4 CITL 5.1 TITL 5.2 NAM 5.3 STR 4.5 CITL 5.3 STR 5.3 STR 5.3 STR 5.3 STR 5.3 STR 5.3 STR 6.3 STR	Dy the corp tess. Agent signature LE AE	required when re	ard of directors. instating) ADDITIONS/CHA	NGES TO OF	DATE FFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D KENNEDY, ROSARIO 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D KENNEDY, ROSARIO 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109	ons of, Section 607.0505, Fig. and title if applicable. (NOTE DELETE DELETE SLAND DELETE SLAND	### Registered / ### 13. 1.1 TITL 1.2 NAA 1.3 STR 2.4 CIT 3.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	Dy the corp tes. Agent signature LE AE	required when re	ard of directors.	NGES TO OF	DATE FFICERS A	ND DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD VENTURA, VIVIANE 5246 FISHER ISLAND MIAMI FL 33109 D PEREZ, RUDY 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D WOLFE, RICHARD C 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109 D KENNEDY, ROSARIO 2015 BAYSIDE EAST, FISHER IS MIAMI FL 33109	ons of, Section 607.0505, Fig. and title if applicable. (NOTE DIRECTORS DELETE DELETE SLAND DELETE SLAND DELETE DELETE	### Registered / ### 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 5.5 CITY 5.5 CITY 5.7	Dy the corp tees. Agent signature LE AE	required when re	ard of directors. instating) ADDITIONS/CHA	NGES TO OF	DATE FFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition Addition

14. I hereby certify that the information supplied with this filing 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 collocation or the receiver or trusted emptwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE: *

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90032 004 ***150.00