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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000065336

1. Corporation Name
GOYARROLA MUSIC ENTERPRISE, INC.



Principal Place of Business
 600 NE 36TH ST.
 STE 1403
 MIAMI FL 33137
 US

Mailing Address
 600 NE 36TH ST
 STE 1403
 MIAMI FL 33137
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1849S SOUTH DIXIE Hwy**
 Suite, Apt. #, etc.
 22 **#103**
 City & State
 23 **MIAMI, FL**
 Zip
 24 **33157** Country
 25 **USA**

2a. Mailing Address
 26 **1849S SOUTH DIXIE Hwy**
 Suite, Apt. #, etc.
 27 **#103**
 City & State
 28 **MIAMI FL**
 Zip
 29 **33157** Country
 30 **USA**

3. Date Incorporated or Qualified
08/06/1996

4. FEI Number
65-0689949 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
HAHN, SUSAN
444 BRICKELL AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PD GOYARROLA, AITOR** *new address*
 STREET ADDRESS **600 NE 36TH ST. STE 1403**
 CITY-ST-ZIP **MIAMI, FL**

TITLE DELETE
 NAME **VD GOYARROLA, JESUS R** *new address*
 STREET ADDRESS **600 NE 36TH ST STE 1403**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **1849S SOUTH DIXIE Hwy, #103**
 1.4 CITY-ST-ZIP **MIAMI, FL 33157**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **1849S SOUTH DIXIE Hwy, #103**
 2.4 CITY-ST-ZIP **MIAMI, FL 33157**

3.1 TITLE Change Addition

4.1 TITLE Change Addition

5.1 TITLE Change Addition

6.1 TITLE Change 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 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, with all other like empowered.

SIGNATURE: *Aitor Goyarrola* **AITOR GOYARROLA** 3/4/99 (305)321-7999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)