

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 # P96000073048**

1. Corporation Name  
**A.T. MUSIC INC.**

Principal Place of Business

**5626 SW 140TH PLACE  
MIAMI FL 33183  
US**

Mailing Address

**5626 SW 140TH PLACE  
MIAMI FL 33183  
US**

2. Principal Place of Business

**21 13255 S.W. 57th TERRACE**

Suite, Apt. #, etc.

**22 9**

City & State

**23 MIAMI FL**

Zip

**24 33183**

Country

**25 U S A**

2a. Mailing Address

**26 13255 S.W. 57th TERRACE**

Suite, Apt. #, etc.

**27 9**

City & State

**28 MIAMI FL**

Zip

**29 33183**

Country

**30 U S A**

9. Name and Address of Current Registered Agent

**BARREIRAO, VITAL A  
5626 SW 140TH PLACE  
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/29/1996**

4. FEI Number

**95-4433846**

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

10. Name and Address of New Registered Agent

81 Name

**BARREIRO, VITAL A.**

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

**13255 S.W. 57th TERRACE #9**

83

84 City

**MIAMI**

**FL**

85 Zip Code

**33183**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-29-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME BARREIRO, VITAL A  
STREET ADDRESS 5626 SW 140TH PLACE  
CITY-ST-ZIP MIAMI FL 33183**

TITLE ☐ DELETE

**VP  
NAME TORRES, MODESTO A  
STREET ADDRESS 12572 S.W. 73 TERR  
CITY-ST-ZIP MIAMI FL**

TITLE ☐ DELETE

**T  
NAME BARREIRO, MIREYA A  
STREET ADDRESS 5626 SW 140TH PLACE  
CITY-ST-ZIP MIAMI FL 33183**

TITLE ☐ DELETE

**S  
NAME TORRES, ANA S  
STREET ADDRESS 12572 S.W. 72 TERR  
CITY-ST-ZIP MIAMI FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**P  
VITAL BARREIRO  
13255 S.W. 57th TERRACE #9  
MIAMI FL 33183**

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 persons empowered.

**SIGNATURE: VITAL A. BARREIRO-PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-99**

Date

**(305) 387-8546**

Daytime Phone #

CR2E034 (11/98)