**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000097066

1. Corporation Name

PEREZ SOTO MUSIC CORP.

Principal Plac	e of Business	Mailing Address				- (\$411001 310 10110 01111 00114 80131 00311 00311	18111 18816 88118	Billio olli 1061
8035 SW 107 /	AVE	8035 SW 107 AVE						
#119 #119						DO NOT WRITE IN THIS	SPACE	
MIAMI FL 33173-4850 MIAMI FL 33173-4850 US US						3. Date Incorporated or Qualifed		
•		•				12/02/1996		ļ
2. Principal P	lace of Business	2a. Mailing Address				4 FEI Number	Ap	oplied For
21 3765 ALCANTARA AV. 26 3765 ALC			antara av		AV.	65-0710093	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
27 MAM-FLOPIDA 27 MAM-FK			M	17-4		3.	Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	
23 3313		28 33138	ountry			Trust Fund Contribution	Added_t	io rees
Zip	Country 25	<u></u>	ountry			<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>	Yes	□No
24	g. Name and Address of Current					10. Name and Address of New Registered		
9. Name and Address of Current Registered Agent				Name				
PEREZ SOTO, JUAN C				Ch4	Addition (D.O. D., M. objects Med Acceptable)			
8035 SW 107 AVE			82	Street Address (P.O. Box Number is Not Acceptable)				
#119			83					
MIAMI FL 33173			84	City			85 Zip (	Code
				FL				
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)  DATE								
12.	OFFICERS AND DIRECTORS 13.		3.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	10		TITLE		P	PARTO SIANI AARIO	Change	☐ Addition
NAME	TENEE GOTO, GOTH GTHEOG		NAME PEREZECTO, JUAN CARIOS					
STREET ADDRESS	0000 011 101 7110		STREET ADDRESS 3765 AVANTAGE AV.					
CITY-ST-ZIP			CITY-S	T-ZIP		AM-FIDEIDA 33178	Change	Addition
TITLE	515				ST		ollange	[] / NOOLION
NAME	LEGING, CENEDIA		2.2 NAME 2.3 STREET ADDRESS		23	fachio, claudia 165 al cantara au.		
STREET ADDRESS			2.4 CITY-ST-ZIP		97	AW-FLOPIDA 3317	9	
CITY-ST-ZIP TITLE			TITLE	11-219		THE PROMISE PSI	Change	Addition
NAME			NAME			•	. — •	- {
STREET ADDRESS				FADDRESS		•		,
CITY-ST-ZIP		34	CITY-S	IT-ZIP				
TITLE		☐ DELETE 41TI		11 TITLE			Change	☐ Addition
NAME		4.	2 NAME	İ				Ì
STREET ADDRESS		4.3	STREET	ADDRESS				İ
CITY-ST-ZIP		4.4	CITY-S	T-ZìP				
TITLE			5.1 TITLE				☐ Change	Addition \
NAME			NAME					
STREET ADDRESS								
		5.3	STREET	ADORESS				
CITY-ST-ZIP		5.5.5.6.5.6.5.6.5.6.5.6.5.6.5.6.5.6.5.6	STREET				Change	Addition
CITY-ST-ZIP TITLE		5.3 5/	STREET				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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90067 020 \*\*\*150.00