			SSOLVED ON OR AFTER COLVED, MINIMUM AMOUNT D	750). AND			
CÓF	PFORT RPORATION,		94)	RTMENT OF STATE	FILED		
ì	JAL REPORT		Secreta Secreta	ry of State	98 DEC 23 PM 3: 38		
1998 DIVISION OF CORPORATIONS				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCU 1. Corporatio	MENT # In Name	P9700005	2792		MILMIMOSELLI CUMUM		
į	In	tune Musio	c Inc.				
Principal Plac			Mailing Address				
200 NW 6th Ave. same							
Hallandale, FL 33009					DO NOT WRITE IN THIS SPACE	_	
				•	3. Date Incorporated or Qualified		
2. Principal P	tare of Business		2a. Mailing Address		6-16-97 4. FEI Number Applied For	-	
	Nw 6th A	ve	26 200 NW 6t	h Ave.	65-0788508 Not Applicable	3	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		
22 City & State	e	 	City & State		6. Election Campaign Financing \$5.00 May Be	-	
²³ Halla	andale	Elorida _	28 Hallandal.	Elorida	Trust Fund Contribution		
Zip		Country	Zip	Country	8. This corporation owes or has paid the current year largingible	7	
24 33009		USA Address of Current I	29 33009 Registered Agent	30 USA	Personal Property Tax due June 30. 10. Name and Address of New Registered Agent	\dashv	
Tosa				81 Name		7	
Joseph R. Risolia 200_NW 6th Avenue 82 Street Address					et Address (P.O. Box Number is Not Acceptable)	\dashv	
		FL 33009		83		4	
	-						
				84 City	FL 85 Zip Code		
11. Pursuant I office or re agent I ar	to the provisions of egistered agent, of m familiar with, as	f Sections 607.0502 a r both, in the State of paccept the obligation	ind 607.1508, Florida Statute Florida. Such change was au ons of, Section 607.0505, Flor	s, the above-named athorized by the corp and Statutes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE_	Signal y typed pinni	ed name of registered agent a		SOCIA Registered Agent signature	ure required when reinstating) 12-X-59 DATE	-	
12.		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	78	
TITLE			DELETE	. 11 TITLE	CEO Gange Addition	CR2E034 (5/98)	
NAME STREET ADDRESS				1.3 STREET ADDRESS	Joseph Risolia 200 NE 6th Avenue	134	
CITY-ST-ZIP			`	1.4 City-ST-ZIP	Hallandale, FL 33009	띯	
TITLE			☐ DELETE	2 1 TITLE	President Change Addition	ੋਂ	
NAME				2 2 NAME	James A. Walgreen		
STREET ADDRESS CITY - ST - ZIP			<u> </u>	2.3 STREET ADDRESS 2.4 CITY-STFZIP	200 NW OCH Avenue		
TITLE		. – – – –	☐ DELETE	3 1 TITLE	Hallandale, FL 33009 Change Addition	7	
NAME				32 NAME	100000000000000000000000000000000000000		
STREET ADDRESS	i			3.3 STREET ADDRESS	1000027222610 -12/24/9801083006		
CITY-ST-ZIP TITLE			- DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	****150.00 _###\$150.00_	+	
NAME				4 2 NAME	- Clarify		
STREET ADDRESS				4.3 STREET ADDRESS		ĺ	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	10 112	_	
TITLE NAME			DELETE	5.1 TITLE 5.2 NAME	Change Addition		
STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS	; 1	}	
CITY-ST-ZIP			_ <u></u>	5.4 CITY - ST - ZIP			
TITLE			☐ DELETE	61 TITLE	☐ Change ☐ Addition	1	
NAME				6.2 NAME			
STREET ADDRESS				6 3 STREET ADDRESS	5		
14. I hereby o	ertily that the info	mation supplied with	this filing does not qualify for	64 CITY-ST-ZIP the exemption states	ed in Section 119.07(3)(i). Florida Statutes. I further certify that the information	1	
officer or i	on this annual rep director of the corp	ort or supplemental a poration or the receive	innual report is true and accu er or trustee empowered to ex	rate and that my sign recute this report as i	gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in		

12-1558 305-573-2820