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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

SIGNATURE:

P97000061847 (4)

GLOBO MUSIC PUBLISHING CORPORATION

D : -:	10	A A - III A - rel				
Principal Place of Business Mailing Address						
2170 NW 87TH AVENUE 2170 NW 87TH AVENUE MIAMI FL 33172 MIAMI FL 33172			UE		1	
Milani 1 P 50114		WITHIN 1E SOITE			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
		···			07/16/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0802504	Applied For
21 26					03-0002304	Not Applicable
Suite, Apt.	#, etc.	<b>⊢</b>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 27 City & State 27 City & S			leto			Fee Required
23		├-¬ ' '	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr			
24	25 29		30		8. This corporation owes or has paid the current year Interprofile Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Cui		130		10. Name and Address of New Registe	
CI.	ARCIA-VIDAL, RAOUL ESQ		81	Name		
COLUMBUS CENTER, SUITE 1450			82	Ctropt And	dress (P.O. Box Number is Not Acceptable)	
ONE ALHAMBRA PLAZA			84	Street Auc	press (P.O. Box Number is Not Acceptable)	
	DRAL GABLES FL 33134		83			
-	SINE CADEES IE 00101					Tool 7:- O-d-
			84	City		Zip Code
SIGNATURE	Signature, typed or printed name of registered OFFICERS	I agent and title if applicable (f AND DIRECTORS	NOTE Registered Ag	ent argnature requ	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/OFFANGES TO OFFICERS	Change Addition
NAME	PAZ, RAMON	<del>-</del> ···	1.2 NAME	1		
STREET ADDRESS 2170 NW 87TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-1			
TITLE		DELETE	21 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME	İ		
STREET ADDRESS				r address		
CITY-ST-ZIP			3 4. CITY-	ST-ZIP		Tobacca Trace
TITLE	☐ DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME	l l		
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE		[ ] DELETE	4.4 CITY -: 5.1 TITLE	ST-ZIP		Change Addition
NAME		Las Detere				City Olidings   Lay Addition
			5.2 NAME			
STREET ADDRESS			53 STREE			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-1	51-28		Change Addition
mut		_ otten	0.1 11112	ł		change Addition

6.3 STREET ADDRESS

14. Thereby 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.