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FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000067988 (0)

1. Corporation Name

LATIN MUSIC UNLIMITED CORPORATION

Principal Place of Business

14843 S.W. 132ND AVENUE
MIAMI FL 33186

Mailing Address

14843 S.W. 132ND AVENUE
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	A. FEI Number 65-0772540	
23 Zip	24 Country	29 Zip	30 Country	Applied For Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CITRONNELLE, JESUS 14843 S.W. 132ND AVENUE MIAMI FL 33186				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CITRONNELLE, JESUS	1.2 NAME	
STREET ADDRESS	14843 S.W. 132ND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	S/T/D
NAME	CITRONNELLE, THERESA	2.2 NAME	Citronnelle, Teresa
STREET ADDRESS	14843 S.W. 132ND AVENUE	2.3 STREET ADDRESS	14843 S. W. 132nd Avenue
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	Miami, Florida 33186
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 other person 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 from that appearing in the last filing.

SIGNATURE: JESUSA. CITRONNELLE 2/3/98 305-255-5568

CP2E034 (10/97)