

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90141 019 ***150.00

DOCUMENT # **P97000075564**

1. Corporation Name
MAKALPRIN MUSIC INC.

Principal Place of Business
**7030 S.W. 24 CT.
MIRAMAR FL 33023**

Mailing Address
**535 N.W. 210 STREET
102-34
NORTH MIAMI FL 33169
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

NOT APPLICABLE

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

2. Principal Place of Business

21 **8362 Pines Blvd**

Suite, Apt. #, etc.

22 **#267**

City & State

23 **Pembroke Pines FL**

Zip

24 **33024**

Country

25 **USA**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MINOTT, ANDREW
7030 S.W. 24 CT.
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81 Name

Roneo Lacker

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

8362 Pines Blvd

83

#267

84 City

Pembroke Pines

FL

85 Zip Code

33024

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 **RONEO O. LACKER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-25-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **M**
STREET ADDRESS **LACKER, RONEO O**
CITY-ST-ZIP **535 N.W. 210 STREET #102-34
NORTH MIAMI FL 33169**

TITLE ☒ DELETE
NAME **V**
STREET ADDRESS **MINOTT, ANDREW**
CITY-ST-ZIP **7030 S.W. 24 COURT
MIRAMAR FL 33023**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-25-99

Daytime Phone #

CR2E034 (11/98)

0245769