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

FILED Jul 06 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B, Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT #
1. Corporation Name 1 Leon Music CORP. P97000092118 Principal Place of Business
CALL SW. 63 PAKE,
S.Miami, FL. 33143 Mailing Address CALL SW 63 PD AVE. S. Miami, FL. 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For GUIL SUL G3 PD AVE . Home Suite, Apt. #, etc. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Home Home Fee Required 22 S. Miami, FL. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible DODE Personal Property Tax due June 30. . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LAZARO LEON 81 Name SimilamijFL. 33143 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 his obligations of, Section 607,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. CERS AND DIRECTORS 13. VICE PRESIDENT TOPPH Figuerya 301 SW 1587 DELETE TITLE 1.1 TITLE ☐ Change Addition ひしだらい NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 THUE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.4 CITY - ST- ZIP 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 suppliemental 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 hame appears in rate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of the receiver of instance of the Block 12 or Block 13 if changed, or on an attachment with an address

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Change

700002581207 -07/07/98--01025--018

***550.00

Addition

☐ DELETE

TITLE

NAME

STREET ADDRESS