

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  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90174 038 \*\*\*150.00

DOCUMENT # P97000102120

1. Corporation Name  
LIGHT CONCERT, CORP.

Principal Place of Business  
780 N.W. LEJUNE RD. STE. 516  
MIAMI FL 33126

Mailing Address  
780 N.W. LEJUNE RD. STE. 516  
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/04/1997

4. FEI Number  
65-0807666

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

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 DPT  
NAME DELLA NOCE, HENRY E  
STREET ADDRESS 780 N.W. LEJUNE RD. STE. 516  
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE DPT  
1.2 NAME HENRY ERCOLE  
1.3 STREET ADDRESS 780 NW LEJUNE RD. STE. 516  
1.4 CITY-ST-ZIP MIAMI FL 33126

TITLE SDV  
NAME BARROSO, MACHADO  
STREET ADDRESS 780 N.W. LEJUNE RD. STE. 516  
CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE SDV  
2.2 NAME VICENTE BARROSO  
2.3 STREET ADDRESS 780 NW LEJUNE RD STE. 516  
2.4 CITY-ST-ZIP MIAMI FL 33126

TITLE D  
NAME ALEJANDRO, BARRETO  
STREET ADDRESS 780 NW LEJUNE RD STE 516  
CITY-ST-ZIP MIAMI FL 33126

3.1 TITLE VD  
3.2 NAME ALEJANDRO BARRETO  
3.3 STREET ADDRESS 780 NW LEJUNE RD STE 516  
3.4 CITY-ST-ZIP MIAMI FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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

APR 08/1999

Date

Daytime Phone #

CR2E034 (11/98)

05/22/75