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

DOCUMENT # P98000073442

1. Corporation Name

PO FOLKS MUSIC, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90203 048 ***150.00

		_						
Principal Place	of Business	Mailing Addr	ess			1 (BENEBE (18 1818) (BU) BEN		
13800 N.E. MIAI	MI COURT	13800 N.E. M	IAMI COURT					
NORTH MIAVI F	FL 33161	NORTH MIAM	NORTH MIAMI FL 33161			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
	y.					08/21/1998		
2. Principal Pla	ace of Business	2a. Mailing A	ddress			4. FEI Number 65-087/738 Applied For Not Applicable		
21		26						
Suite, Apt. #, etc. Su 22 27			Suite, Apt. #, etc.			5. Certifc ate of Status Desired \$8.75 Additional Fee Reculired		
City & State City & State			ate			6. Election Campaign Financing \$5.00 May Be		
23	_	28				Trust Fund Contribution Added to Fees		
Zip			untry	The state of the s				
24	25	29	30			Persor al Property Tax.		
	9. Name and Address	of Current Registered Age	ent	- ,		10. Name and Address of New Registered Agent		
D 0	C CODDODATE SEDVA	PEC BAP		81	Name			
B & C CORPORATE SERVICES, INC. MIAMI CENTER, SUITE 3000					Street	Acdress (P.O. Box Number is Not Acceptable)		
	SOUTH BISCAYNE BLV	/D.		83				
MIAN	/I FL 33131			84	City	FL 85 Zip Code		
		1007 1500 5						
office or re	agistored agent or hold in	ns 607.0502 and 607.1508, F In the State of Florida. Such of It the obligations of, Section 6	hange was authorize	ed by	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of cirectors. I hereby accept the appointment as registered		
SIGNATURE						required when reinstahrn) DATE		
		registered agent and title if applicable. ICERS AND DIRECTORS	(NOTIE: Register		t signature r	required when reinstating) ADDITICINS/CHANGES TO OFFICERS (AND DIRECTOF:S IN 12		
12.	D			TITLE		Change Addition		
. 1	_	-		NAME				
NAME	ACCOUNT AND COURT			'ADDRESS				
STREET ADDRE 'S	NORTH MIAMI FL 331				į			
CITY-ST-ZIP	D			CITY-S' TITLE	1-ZIF	D X Change ☐ Addition		
	VELEZANO, MARCELI	_	_	NAME		VALENZANO, MARCELLO		
NAME	13800 N.E. MIAMI CC				ADORESS			
STREET ADDRE 3S	NORTH MIAMI FL 331		1	CITY-S	i	NORTH MIAMI, FL 33161		
CITY-ST-ZIP	HONTH WINWITT 55			TITLE	1-2.17	Change Addition		
TITLE		-	_	NAME				
NAME COPET ADDRESS					ADDRESS			
STREET ADDRESS				CITY-S				
TITLE				TITLE	r-21F	Change Addition		
		L		NAME				
NAME					ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP TITLE			¬	CITY-S'	1-LIP	☐ Change ☐ Addition		
}		· ·		NAME				
NAME			1		ADDRESS	3		
STREET ADORE: S				CITY-S				
CITY-ST-ZIP				TITLE		Change Addition		
TITLE		L		NAME		0.110		
NAME					ADDRESS	,		
STREET ADDRESS				CITY-S				
City-st-zip				UII 1-5	,- ZIF	1 Control of O. Control of Chapters of the the information		

14. I hereby certify that the information supplied with this filling 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 a nnual 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 receivar 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 affactive twith an address, with all other like empowered.

SIGNATURE:

ANDRE LYON

Date

Daytime Phone #

305.615-0900