FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06440 (9)

1. Corporation Name

~~LA INTER AMERICAN FINANCIAL SERVICES, INC.~~

EXTREMES MUSIC + NEWS INC.

Principal Place of Business	Mailing Address
1105 SW 87TH AVENUE MIAMI FL 33174	1105 SW 87TH AVENUE MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 513-515 Lincoln Rd.
22 Suite, Apt. #, etc:
23 City & State: Miami Beach Fla.
24 Zip: 33139
25 Country: Dade

2a. Mailing Address
26: 8758 SW. 8ST.
27 Suite, Apt. #, etc:
28 City & State: Miami Fla.
29 Zip: F 33174
30 Country: Dade

4. FEI Number: 65-0222911 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MIRABAL, MARIO T
4120 S.W. 124TH AVENUE
MIAMI FL 33175

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when name/city) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	MIRABAL, MARIO JR	12 NAME	H. Rabal Mario SR
STREET ADDRESS	4120 S.W. 124TH AVE.	13 STREET ADDRESS	1250 West Ave. #2J
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami Beach Fla. 33139
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MIRABAL, MARIO T.	22 NAME	
STREET ADDRESS	4120 S.W. 124TH AVE.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-27-95 — Daytime Phone Number: 227-2120

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