FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **S39542** **(3)**

1. Corporation Name
HOMBRE DEL MUNDO MUSIC, INC.

Principal Place of Business
6157 NW 167 ST
STE F911
MIAMI FL 33015
US

Mailing Address
6157 NW 167 ST
STE F911
MIAMI FL 33015
US

2. Principal Place of Business
21
Suite Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/18/1991
3a. Date of Last Report: 03/23/1995
4. FEI Number: 65-0260798 [ ] 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's liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
CRANE, ROBERT V.
6157 NW 167 ST
STE F911
MIAMI FL 33015

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 607.0505 and 607.0506, 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. Signature of a Principal, by the corporation's duly elected officer, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ✓ Robert V. Crane ✓ 4/15/96
Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRANE, ROBERT V.
STREET ADDRESS	6157 NW 167 ST STE F911
CITY-ST-ZIP	MIAMI FL

[ ] DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied in this report, and, for Profit Corporations, the information required for the exemption stated in Section 119.07(3)(ee), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 of changes filed with this report, or my name is properly set forth in the articles.

SIGNATURE: Robert V. Crane 4/15/96 305-557-1914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone

CR2E034 (12/95)