

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 # **S42703** (6)

1. Corporation Name

UNCLE SAM'S MUSICAFAE, INC.



Principal Place of Business

**141 WASHINGTON AVE.
MIAMI BEACH FL 33139
US**

Mailing Address

**3341 N. FEDERAL HWY.
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified
04/03/1991

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

21 **1141 WASHINGTON AVE**

Suite, Apt. #, etc.

22 City & State

23 **MIAMI BEACH, FL**

24 Zip 25 Country

33139 USA

2a. Mailing Address

26 **3341 N FEDERAL HWY**

Suite, Apt. #, etc.

27 City & State

28 **POMPANO BEACH, FL**

29 Zip 30 Country

33064 USA

4. FEI Number

65-0260797

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

**VERNON, DONALD S., JR.
1234 - 12TH ST.
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name

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

511 W. 29th STREET

83

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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 based on the following:

(Printed Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D VERNON, DONALD S., JR.**
STREET ADDRESS **1234 - 12TH ST.**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **D VERNON, DONALD S., SR.**
STREET ADDRESS **1970 N. 168TH STREET**
CITY-ST-ZIP **BROOKFIELD WI**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS **511 W. 29th STREET**
24 CITY-ST-ZIP **MIAMI BEACH FL 33140**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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, on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96

(305) 521-9156

Date

Daytime Phone #

CR2E034 (12/95)