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 # M56615 1. Corporation Name

STREET ADDRESS

DISCUBA RECORDS DISTRIBUTOR, CORP.

Principal Place	e of Business	Mailing Address					# # # # # # # # # # #	B1811 B1811 1881
550 WEST 84TH ST. 550 WEST 84TH ST.						\ .		
HIALEAH FL 33014 HIALEAH FL 33014						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed 08/03/1987		Ì
Principal Place of Business 2a. Mailing Address				· ·		4. FEI Number	A	oplied For
1		26	6			65-0054746	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
2		27				5. Certificate of Status Desired	Fee Re	equired -
City & State		City & State	¬ ´			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	untry	·	8. This corporation owes the current)	ear Intangible]
25 2		29	30		,	Personal Property Tax.	¥Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regis	stered Agent	
				81	Name			1
GARCIA, CARLOS O				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
550 WEST 84TH ST. HIALEAH FL 33014						Andrew Comment of the State of		
HIAL		83				. 統建設期	網報譜	
				84	City	* * * * * * * * * * * * * * * * * * *	85 Zip	Códe
				1 1	•		_FL	
 office or re 	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was	s authorized	d by th	named corpo he corporation	pration submits this statement for the purp n's board of directors, I hereby accept the	appointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered	Agent :	signature required	when reinstating)	DATE	 }
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	S	☐ DELETE	1.1 TI	ITLE	<u>i</u>		☐ Change	☐ Addition
NAME	SAIZ, ARTURO J		1.2 N	AME		•		
STREET ADDRESS	4407 ADDOTT DI VID		1.3 5	TREET A	ADDRESS			
CITY-ST-ZIP	FT LEE NJ 07024			ITY-ST-	\			
TITLE	PD	☐ DELETE	2.1 TI				Change	Addition
NAME	GARCIA, CARLOS O.		2.2 N	AME	1			
STREET ADDRESS	FEA WEAT AUTIL OF		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33014		2.40	CITY-ST	-ZIP			
TITLE	T	[] DELETE	3.1 TI				☐ Change	☐ Addition
NAME (VARONA, HECTOR J		3.2 N	AME				}
STREET ADDRESS	1019 PALISADE AVE		3.3 8	TREET	ADDRESS	Section 1	1885 - KENNE	# 1
CITY-ST-ZIP	FT LEE NJ 07024		3.4. 0	CITY-ST	- ZIP	<u>· · · · · · · · · · · · · · · · · · · </u>	· Principal	
TITLE		☐ DELETE	4.1 77	iTLE		1,200 2,870	∵ ☐ Change	Addition .
NAME			4.21	NAME				
STREET ADDRESS			4.3 S	TREET	ADORESS	•		ì
CITY-ST-ZIP			4,40	TY-ST-	ZIP			
TITLE		☐ DELETE	5.1 TI	ITLE			☐ Change	☐ Addition
NAME			5.2 N	IAME			•	
STREET ADDRESS	*		5.3 S	TREET	ADDRESS			
CITY-ST-ZIP			5.4 C	TY-ST-	ZIP		 	
TITLE		☐ DELETE	6.1 T	TLE			☐ Change	Addition
NAME			6.2 N	AME	-			(
STREET ADDRESS	3		6.3 S	TREET	ADDRESS			,

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.

6.4 CITY-ST-ZIP

Arturo J. Saiz ISecretary

JAN. 14, 1999

(201) 866-5188

FILED

Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90028 046 ***150.00

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