

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

56 SEP -6 PM 1:09

DOCUMENT # P94000008643 (6)

1. Corporation Name

MAX RECORDS CORPORATION



Principal Place of Business

Mailing Address

8250 N.W. 27TH STREET  
STE. 301  
MIAMI FL 33122

8250 N.W. 27TH STREET  
STE. 301  
MIAMI FL 33122

3. Date Incorporated or Qualified 01/24/1994  
3a. Date of Last Report 09/28/1995

4. FEI Number 65-0606877  
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

2. Principal Place of Business

2a. Mailing Address

21 777 Briceau Ave.

26 777 Briceau Ave.

22 Suite Apt. #, etc. SUITE 800

27 Suite Apt. #, etc. SUITE 800

23 City & State Miami, Florida

28 City & State Miami, Florida

24 Zip 33131

Country DADE

29 Zip 33131

Country DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFREDO PICALLO  
8250 NW 27ND STREET  
SUITE 301  
MIAMI FL 33122

81 Name

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

83 SUITE 800

84 City Miami

FL

85 Zip Code 33131

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 and title, if applicable

(The Registered Agent's signature is required when reinstating)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME DEGA, MIGUEL  
STREET ADDRESS 8250 NW 27 STREET #301  
CITY-ST-ZIP MIAMI FL 33122

TITLE D  
NAME PICALLO, ALFARDO  
STREET ADDRESS 8250 N.W. 27TH STREET  
CITY-ST-ZIP MIAMI FL 33122

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

777 Briceau Ave., Suite 800  
Miami, FL 33131

777 Briceau Ave., Suite 800  
Miami, FL 33131

900001947479  
-09/16/96--01018--003  
\*\*\*\*225.00 \*\*\*\*225.00

900001947479  
-09/16/96--01018--004  
\*\*\*\*150.00 \*\*\*\*150.00

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 617, 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:

Signature: Printed Name

CR2E034 (3/96)