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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000027384 (3)

1. Corporation Name
J & J RECORDING PRODUCTIONS CORP.



Principal Place of Business: **527 E. DILIDO DRIVE MIAMI BEACH FL 33139**
 Mailing Address: **527 E. DILIDO DRIVE MIAMI BEACH FL 33139-1235**

3. Date Incorporated or Qualified: **04/06/1995** 3a. Date of Last Report: **04/18/1996**
 4. FEI Number: **65-0573037** 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**
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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**

9. Name and Address of Current Registered Agent: **ROJAS, JAINIVER 527 E. DILIDO DRIVE MIAMI BEACH FL 33139**
 10. Name and Address of New Registered Agent: **81** Name: **82** Street Address (P.O. Box Number is Not Acceptable): **83** City: **84** **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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, JAINIVER	1.2 NAME	
STREET ADDRESS	527 E. DILIDO DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORCROSS, BRYAN S	2.2 NAME	
STREET ADDRESS	1680 ONAWAY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL	2.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUBAUER, WILLIAM R	3.2 NAME	
STREET ADDRESS	4100 PARK AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MEDELLIN CO	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULGARIN, JHON-FERNANDO	4.2 NAME	
STREET ADDRESS	CALLE 71 STE 3413	4.3 STREET ADDRESS	
CITY - ST - ZIP	MEDELLIN COLOMBIA SA	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDY A. O'NEILL	5.2 NAME	
STREET ADDRESS	101 E. DILIDO DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Jainiver Rojas **Jainiver Rojas** **04/29/97** **(305) 553-8080**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)