

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1830 W. 24 STREET		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/06/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0573037	
City & State 23 MIAMI BEACH, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33140	Country 25 USA	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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			
				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable) 1830 W. 24 STREET			
				B3			
				B4 City MIAMI BEACH FL B5 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 _____ (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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROJAS, JAINIVER		1.2 NAME	
STREET ADDRESS 527 E. DILIDO DRIVE		1.3 STREET ADDRESS 1830 W. 24 STREET	
CITY-ST-ZIP MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORCROSS, BRYAN S		2.2 NAME	
STREET ADDRESS 1000 ONAWAY DRIVE		2.3 STREET ADDRESS 1830 W. 24 STREET	
CITY-ST-ZIP COGONUT GROVE FL		2.4 CITY-ST-ZIP MIAMI BEACH, FL 33140	
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 checked="" 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 MEDELLIN COLOMBIA SA	
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 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 04/27/98 (305) 553-8080

CR2E034 (10/97)