

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

**FILED**

**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P97000025661 (4)**

1. Corporation Name  
**DOMINICAN RECORD SHOP, INC.**



Principal Place of Business Mailing Address  
**813 S. DIXIE HIGHWAY WEST  
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/21/1997**

4. FEI Number  
**65-0736762**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**TINEO, RAMON  
813 S. DIXIE HIGHWAY WEST  
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name **JAIRO ZAMORANO REYES**

82 Street Address (P.O. Box Number is Not Acceptable)  
**813 S. DIXIE HIGHWAY**

83

84 City **POMPANO BEACH** FL 85 Zip Code **33060**

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 **JAIRO ZAMORANO REYES** DATE **4-15-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TINEO, RAMON</b>	
STREET ADDRESS	<b>813 S. DIXIE HIGHWAY WEST</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JAIRO ZAMORANO REYES</b>	
1.3 STREET ADDRESS	<b>813 S. DIXIE HIGHWAY</b>	
1.4 CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 **JAIRO ZAMORANO REYES** DATE **4/15/98**

CR2E034 (10/97)