FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **456028** **(0)**

1. Corporation Name
MIAMI TAPE, INC.

Principal Place of Business	Mailing Address
8180 N.W. 103RD STREET HIALEAH GARDENS FL 33016	8180 N.W. 103RD STREET HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/30/1974**
3a. Date of Last Report: **03/07/1994**

2. Principal Place of Business	2a. Mailing Address
21 550 W. 84 PL. ST.	26 550 W. 84 PL. ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HIALEAH, FL.	City & State 28 HIALEAH, FL.
Zip 24 33014-3616 Country 25	Zip 29 33014-3616 Country 30

4. FEI Number: **59-1552708** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARCIA, CARLOS ORLANDO 510 N.W. 32ND AVE. MIAMI FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GARCIA, CARLOS	12 NAME	
STREET ADDRESS	510 N.W. 32ND AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ,DARIO	22 NAME	
STREET ADDRESS	8180 N.W. 103RD STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	PAGE, ROBERTO	32 NAME	
STREET ADDRESS	8180 N.W. 103RD STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MORENO,JOSE ANTONIO	42 NAME	
STREET ADDRESS	17200 N.W. 66 AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PAGE,JOSE	52 NAME	
STREET ADDRESS	8180 N.W. 103RD STREET	53 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: X _____ PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-27-95
Date

X 305-558-9311
Daytime Phone #

0007456 CP