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

MAY -1 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G56472** **(5)**

1. Corporate Name
VIVA RECORDS, INC.

Principal Place of Business	Mailing Address
8150 SW 8TH ST.. #110 MIAMI FL 33144	8150 SW 8TH ST.. #110 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1983**	3a. Date of Last Report: **11/17/1994**
4. FEI Number: **59-2457931**	☐ 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

2. Principal Place of Business — 21 Street Address; 22 Suite, Apt. #, etc.; 23 City & State; 24 ZIP; 25 County

2a. Mailing Address — 26 Street Address; 27 Suite, Apt. #, etc.; 28 City & State; 29 ZIP; 30 County

8. *The corporation has/will, for intangible tax under § 199.032, Florida Statutes:* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VALDES, ELISEO C.
601 NORTHWEST BLVD.
MIAMI FL 33126

10. Name and Address of New Registered Agent

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 (if changing registered agent, registered agent must sign here) (if changing registered agent or registered office address) (date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	PT	1. TITLE	☐ Change ☐ Addition
1. NAME	VALDES, ELISEO C.	1. NAME	
1. STREET ADDRESS	8150 SW 8TH ST. #110	1. STREET ADDRESS	
1. CITY-ST-ZIP	MIAMI FL	1. CITY-ST-ZIP	
2. TITLE	SD	2. TITLE	☐ Change ☐ Addition
2. NAME	VALDES, ELISEO C.	2. NAME	
2. STREET ADDRESS	8150 SW 8TH ST. #110	2. STREET ADDRESS	
2. CITY-ST-ZIP	MIAMI FL	2. CITY-ST-ZIP	
3. TITLE		3. TITLE	☐ Change ☐ Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY-ST-ZIP		3. CITY-ST-ZIP	
4. TITLE		4. TITLE	☐ Change ☐ Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY-ST-ZIP		4. CITY-ST-ZIP	
5. TITLE		5. TITLE	☐ Change ☐ Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY-ST-ZIP		5. CITY-ST-ZIP	
6. TITLE		6. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate. For profit corporations only: I/We further certify that the corporation has paid all fees due to the Florida Department of Revenue that are administered by the Department of Revenue and that the name(s) entered in Block 9 or Block 10 is/are the registered agent(s) on file with this corporation.

SIGNATURE: ELISEO C. VALDES, PRESIDENT 4/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (date)

0156007 CP

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

DOCUMENT # **G57226** **(4)**

1. Corporation Name

G J B, INC.

Principal Place of Business	Mailing Address
751 12TH AVE.SOUTH NAPLES FL 33940-8134	751 12TH AVE.SOUTH NAPLES FL 33940-8134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1983	3a. Date of Last Report: 08/05/1994
4. FEI Number: 59-2329478	☐ 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	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SORBARA, GEORGE
1825 4TH ST S.
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 Section 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: George Sorbara 4/29/95
(If changing Registered Agent, New Registered Agent must sign here.) (If changing Registered Agent, Former Registered Agent must sign here.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
Title	ST	Title	☐ Change ☐ Addition
Name	SORBARA, GEORGE	Name	
Street Address	1825 4TH STREET SOUTH	Street Address	
City-State-Zip	NAPLES FL	City-State-Zip	
Title	P	Title	☐ Change ☐ Addition
Name	SORBARA, CAROLINE	Name	
Street Address	1825 4TH STREET SOUTH	Street Address	
City-State-Zip	NAPLES FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-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 added to the report or on an attachment with an address.

SIGNATURE: George Sorbara 4/29/95 (561) 261-4118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0328942 CR

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

DOCUMENT # G57659 (6)

1. Corporation Name
RM COLE INC.

Principal Place of Business
429 PRODUCTION BLVD
NAPLES FL 33942
US

Mailing Address
960 BELVILLE BLVD
NAPLES FL 33942
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1983
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2331256 — 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 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent
ROLF H. NAURATH
429 PRODUCTION BLVD.
NAPLES FL 33942

10. Name and Address of New Registered Agent
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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NAURATH, ROLF H.
STREET ADDRESS	429 PRODUCTION BLVD.
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

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(1)(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: [signature] ROLF NAURATH 5·3·95 813 643 3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0327#8 CP