

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90038 016 ***150.00

DOCUMENT # K18497

1. Corporation Name
CRITERIA RECORDING STUDIOS, INC.

Principal Place of Business
1755 NE 149TH ST.
MIAMI FL 33181

Mailing Address
1755 NE 149TH ST.
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1988

4. FEI Number
65-0037177

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc. --

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc. --

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

SCHNIEDER, RITA
10800 BISCAYNE BLVD
STE 510
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
JOEL M. LEVY

82 Street Address (P.O. Box Number is Not Acceptable)
1755 N.E. 149th ST.

83

84 City MIAMI FL 85 Zip Code 33181

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 *Joel M. Levy* JOEL M. LEVY

3/22/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PM
NAME LEVY, JOEL M.
STREET ADDRESS 1755 NE 149TH ST.
CITY-ST-ZIP MIAMI FL

TITLE STD
NAME HAYNE, WILLARD
STREET ADDRESS 1755 NE 149TH ST.
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME LEVY, HARRY A.
STREET ADDRESS 10800 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

TITLE D
NAME REESER, DENNIS
STREET ADDRESS 1755 NE 149TH ST.
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1755 N.E. 149th ST.
3.4 CITY-ST-ZIP MIAMI, FL 33181

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: *Joel M. Levy* JOEL M. LEVY 3/22/99 (305)947-5611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0261776

CR25034 (11/98)