

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90159 010 ***150.00

DOCUMENT # L04549

1. Corporation Name
SONY DISCOS INC.

Principal Place of Business

2190 N. W. 89TH PLACE
MIAMI FL 33172
US

Mailing Address

1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1989

4. FEI Number

13-3531924

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

21 605 Lincoln Rd

Suite, Apt. #, etc.

City & State

23 MIAMI BEACH

24 FLORIDA

Country

25 USA

2a. Mailing Address

26 605 Lincoln Rd

Suite, Apt. #, etc.

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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 VPD
NAME TYRRELL, THOMAS C
STREET ADDRESS 550 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE PD
NAME WELZER, FRANK
STREET ADDRESS % 2190 N.W. 89TH PLACE
CITY-ST-ZIP MIAMI FL

TITLE S
NAME EICHORST, ANN
STREET ADDRESS 550 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE T
NAME PEIRATS, GEORGINA
STREET ADDRESS 2190 NW 89TH PLACE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME BOWLIN, ROBERT
STREET ADDRESS 550 MADISON AVE
CITY-ST-ZIP NY NY 10022

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 PD
2.2 NAME FRANK Welzer
2.3 STREET ADDRESS 605 Lincoln Rd.
2.4 CITY-ST-ZIP MIAMI BEACH, Florida 33139

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME Georgina Peirats
4.3 STREET ADDRESS 605 Lincoln Rd
4.4 CITY-ST-ZIP MIAMI BEACH, Florida 33139

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)