1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State --DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90138 050 ***150.00

DOCUMENT # M14326 1. Corporation Name JOEY BOY RECORDS CORP. Principal Place of Business Mailing Address % JOSE ARMADA JR. % JOSE ARMADA JR. 3081 N.W. 24TH ST. 3081 N.W. 24TH ST. DO NOT WRITE IN THIS SPACE MIAM! FL 33142 MIAMI FL 33142 3. Date Incorporated or Qualifed 04/22/1985 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2524740 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip This corporation owes the current year Into □No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Age 9. Name and Address of Current Registered Agent 81 Name ARMADA, JOSE Street Address (P.O. Box Number is Not Acceptable) 82 3081 N.W. 24TH ST. **MIAMI FL 33142** 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition □ DELETE TITLE PD 1.1 TITLE ARMADA, JOSE 1.2 NAME NAME 6545 W. 27TH CT. APT.14 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE STD ARMADA, ANA MARIA FARKAS 22 NAME NAME 6545 W. 27TH CT. APT.14 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME ___ 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

64 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AME TYPED OR PRINTED NAME OF SHISHING OFFICER OR DIRECTOR

CR2E034.(11/98)