Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

□No

Not Applicable

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

DOC	JMEI	VΤ	#-	P92	_ ეეე	2000	530	18
1. Corporat	tion Name	•						_

City & State

23

24

Zip

ANS RECORDS, INC. Mailing Address Principal Place of Business 7855 NW 29TH ST 7855 NW 29TH ST **SUITE #182** SUITE #182 MIAMI FL 33122 MIAMI FL 33122 US US 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22

28

City & State

Zip

25 29 9. Name and Address of Current Registered Agent

Country

SELASCO, ALEJANDRO 1608 NW 84 AVE MIAMI FL 33126

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90092 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing Trust Fund Contribution

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

11/17/1992 4. FEI Number

65-0369403

	•		1 1					
	·		84	City	F	L 85	Zip Co	nde
office or re	to the provisions of Sections 607.0502 and 607.1508, F egistered agent, or both, in the State of Florida. Such ch m familiar with, and accept the obligations of, Section 6	nange was authorized	יעם ני	the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the appropriate the statement of the purpose or the statement of the st	of chang pointmen	jing its re t as regis	gistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registerer	Anen	t sionature n	DATE			
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIF	RECTOR	S IN 12
TITLE		DELETE 1,1 TI	TLE				hange	☐ Addition
NAME	SELASCO, ALEJANDRO N	1.2 N	AME					
STREET ADDRESS	1901 BRIKELL AVE, APT B401			ADDRESS				
ł	MIAMI FL	L ···	ITY-57					
CITY-ST-ZIP		DELETE 2.1 TI					hange	Addition
NAME	,	22 N						
STREET ADORESS		1 -		ADORESS				
			TY-S					
CITY-ST-ZIP TITLE		DELETE 3.1 T	_	1-21			Change	Addition
		3.2 N						İ
NAME				ADDRESS				
STREET ADORESS	,							
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NAME								
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NAME				ADDRESS				
STREET ADDRESS				•				
CITY-ST-ZIP		DELETE 6.1 TO	TY-S	1-ZIP			hange	Addition
TITLE						۰۱۰	nungo	
NAME		6.2 N						
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		6.4 C	ITY-S	T-ZIP				

Country

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Name 81

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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 under the empowered.

SIGNATURE KEQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR