

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000024461 (4)**  
 1. Corporation Name

**ASSAILANT RECORDS, INC.**



Principal Place of Business: **15148 SW 80 TERR MIAMI FL 33193**  
 Mailing Address: **15675 SW 74 CIR DR BLDG 8, STE 5 MIAMI FL 33193**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	<b>15720 S.W. 72nd St</b>	<b>04/01/1993</b>	<b>05/01/1995</b>
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
22		27	<b>303</b>	<b>65-0463477</b>	<input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23		28	<b>Miami, FL</b>	<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
24		29	<b>33193</b>	<input type="checkbox"/>	
		30	<b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ALVAREZ, ALFONSO JOSE</b>				81	Name		
<b>15675 SW 74 CIR DR</b>				82	Street Address (P.O. Box Number is Not Acceptable)		
<b>BLDG 8, STE 5</b>				83			
<b>MIAMI FL 33193</b>				84	City	<b>FL</b>	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: \_\_\_\_\_ (NOTE: Required Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAUTIGAN, FERNANDO E</b>	1.2 NAME	<b>Brautigan, Fernando E</b>
STREET ADDRESS	<b>200 SW 113 AVE APT 101</b>	1.3 STREET ADDRESS	<b>11697 NW 2nd St Apt 101</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33170</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>MAYORGA, ADIAC A</b>	2.2 NAME	
STREET ADDRESS	<b>15148 SOUTHWEST 60TH TERRACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>ALVAREZ, ALFONSO J</b>	3.2 NAME	
STREET ADDRESS	<b>15675 SW 74 CIR DR BLDG 8 STE 5</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfonso José Alvarez 7/17/96 (305) 380-6308  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (3/96)