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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000050428 (0)

1. Corporation Name
VEDISCO RECORDS, INC.



Principal Place of Business

1717 N.W. 82 AVE
MIAMI FL 33126

Mailing Address

1717 N.W. 82 AVE
MIAMI FL 33126-1015

3. Date Incorporated or Qualified
07/13/1993

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

21 10475 N.W. 28 STREET

Suite, Apt. #, etc

City & State

23 MIAMI, FLORIDA

Zip

24 33172

Country

25 U.S.A.

2a. Mailing Address

26 10475 N.W. 28 STREET

Suite, Apt. #, etc

City & State

28 MIAMI, FLORIDA

Zip

29 33172

Country

30 U.S.A.

4. FEI Number

65-0430428

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

PAGE, GUILLERMO J.
-1717-NW-82ND-AVE.-
-MIAMI FL-33126 -

10. Name and Address of New Registered Agent

81 Name

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

10475 N.W. 28 STREET

83

84 City
MIAMI

FL

85

Zip Code
33172

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 PD
NAME PAGE, JOSE
STREET ADDRESS 1717 NW 82ND AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME DOMINGUEZ, CONRADO
STREET ADDRESS 1717 N.W. 82ND AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE TSD
NAME PAGE GUILLERMO J.
STREET ADDRESS 1717 NW 82ND AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME FUENTES, ALEJANDRO J
STREET ADDRESS 1717 NW 82ND AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10475 N.W. 28 STREET

1.4 CITY-ST-ZIP MIAMI, FLORIDA 33172

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 10475 N.W. 28 STREET

2.4 CITY-ST-ZIP MIAMI, FLORIDA 33172

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 10475 N.W. 28 STREET

3.4 CITY-ST-ZIP MIAMI, FLORIDA 33172

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 10475 N.W. 28 STREET

4.4 CITY-ST-ZIP MIAMI, FLORIDA 33172

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-27-97 (25) 542-4242

CR2E034 (9/96)