FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**

1996



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

1. Corporation	MENT # P930 CAN RECORDS, INC.	00051457 (8	3)		######################################
Principal Place	of Business	Mailing Address			ONICH HADIN BIRBA BENIN 1884 1884
1304 SW 160TH AVE. SUITE 235 SUNRISE FL 33026		1304 SW 160TH AVE. SUITE 235 SUNRISE FL 33026			
					ite of Last Report 06/27/1995
_ ′	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt.	t oto	26		65-0444362	Not Applicable
2	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip . □	Country	Zip	Country	8. This corporation has liability for intangible	tax under s. 199,032,
4	9, Name and Address of Cur	rent Registered Agent	[30]	Florida Statutes Yes No 10. Name and Address of New Registered	
			81 Name	10. Italie and Address of New Neglisteret	Agent
Johnson, Gerald J 1304 SW 160th Ave. Suite 235 Sunrise Fl 33026			82 Street Add 83 84 City	iress (P.O. Box Number is Not Acceptable)	85 Zip Code
SIGNATURE	fi, and accept the obligations of, S a Signature, typed or printed name of registered a	gont and trie (a) objects to the MO	lf : Ragistered Agent signature raquin		
TITLE	n ·	AND DIFIECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME	JOHNSON, GERALD J		1.2 NAME		Change Addition
STREET ADDRESS	1304 SW 160TH AVE., SU	TE 235	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33026		1.4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TOLE		Change Addition
NAME Street address			2 2 NAME		
CITY-S1-ZIP			2.3 STREET ADDRESS		
TITLE		DELETE	24 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 C-TY - ST - ZIP		
TITLE		DELETE	4. 1 1)TLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
DITY-ST-ZIP		DELETE	4.4 C(TY - ST - Z(P		FD (h
IAME			5. 1 TITLE 5.2 NAME		Change Addition
TREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TILE		DELETE	6 1 TITLE		☐ Change ☐ Addition
IAME			6.2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY - ST - ZIP		
oath; that i	u le information indicated on this at	nnual report or supplemental annu poration or the receiver or trustes	ial report is true and accura empowered to execute thi	for the exemption stated in Section 119.07(3)(k), FI ate and that my signature shall have the same lega is report as required by Chapter 607, Florida Statu	I offeet on if made under

SIGNATURE:

NING OFFICER OR DIRECTOR

454-904-5557 Daytime Prione # 4/28/96 Date