FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 9:45

DOCUMENT # **P93000067476 (0)**

1. Corporation Name
AMERICA RECORDS INC.

Principal Place of Business	Mailing Address
2949 N.W. 7TH STREET MIAMI FL 33125 US	2949 N.W. 7TH STREET MIAMI FL 33125-4303 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1993
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0438895 ☐ 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

MIRANADA, EDILBERTO
2050 S.W. 3RD AVE.
APT 4
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: MIRANDA, EDILBERTO
82 Street Address (P.O. Box Number is Not Acceptable):
83: 230 SW 17 RD
84 City: MIAMI FL 85 Zip Code: 33129

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☐ Change ☐ Addition
NAME	MIRANADA, EDILBERTO	12 NAME	MIRANDA, EDILBERTO	
STREET ADDRESS	2050 S.W. 3RD AVE. #4	13 STREET ADDRESS	230 SW 17RD	
CITY-ST-ZIP	MIAMI FL 33129	14 CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SD	21 TITLE	SD	☐ Change ☐ Addition
NAME	MIRANADA, SANDRA	22 NAME	MIRANDA, SANDRA	
STREET ADDRESS	2050 S.W. 3RD AVE. #4	23 STREET ADDRESS	230 SW 17RD	
CITY-ST-ZIP	MIAMI FL 33129	24 CITY-ST-ZIP	MIAMI FL 33129	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: X _____ 7-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0121000 CP