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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000018061 (9)**

1. Corporation Name
DUNGEON OF SOUL RECORDS SYNDICATE INC.

Principal Place of Business	Mailing Address
19315 NW 54 CT MIAMI FL 33055	19315 NW 54 CT MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0495876	☐ Applied For ☐ Not Applicable
21	26 PO BOX		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27 69-3235		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 MIAMI FLORIDA		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	
24 / 25	29 33269 / 30 U.S.A.		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HENFIELD, CARLOS 3055 NW 203 LN MIAMI FL 33056	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ 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	P	11 TITLE	P ☐ Change ☐ Addition
NAME	KEITH SMITH	12 NAME	
STREET ADDRESS	19315 NW 54 CT	13 STREET ADDRESS	
CITY-ST-ZIP	MIA FL. 33055	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V ☐ Change ☐ Addition
NAME	CARLOS HENFALD	22 NAME	
STREET ADDRESS	3055 NW 203 LN	23 STREET ADDRESS	
CITY-ST-ZIP	MIA. FL. 33056	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	S/T ☐ Change ☐ Addition
NAME	ALICIA HARVEY	32 NAME	
STREET ADDRESS	5201 NW 18 TER	33 STREET ADDRESS	
CITY-ST-ZIP	MIA. FL. 33055	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	ERNEST DIMANCHE	42 NAME	
STREET ADDRESS	15724 NW 7 AV	43 STREET ADDRESS	
CITY-ST-ZIP	MIA FL. 33169	44 CITY-ST-ZIP	
TITLE	TR	51 TITLE	☐ Change ☐ Addition
NAME	WINDELL SMITH	52 NAME	
STREET ADDRESS	5201 NW 195 TER	53 STREET ADDRESS	
CITY-ST-ZIP	MIA FL. 33055	54 CITY-ST-ZIP	
TITLE	D.	61 TITLE	☐ Change ☐ Addition
NAME	JACQUESE SOOKHAN	62 NAME	
STREET ADDRESS	11310 SW 164 ST	63 STREET ADDRESS	
CITY-ST-ZIP	MIA. FL. 33157	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: KEITH SMITH 04/11/95 (305) 939-6681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100329 CP