

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000079121

1. Corporation Name

PROTEL RECORDS, INC.

4-29-96

Principal Place of Business	Mailing Address
13644 S.W. 142 AVE. SUITE D MIAMI, FL 33186	13644 S.W. 142 AVE. SUITE D MIAMI, FL 33186

3. Date Incorporated or Qualified	3a. Date of Last Report
10/27/1994	04/24/96
4. FEI Number	Applied For
65-0531216	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 2151 LEJEUNE ROAD Suite, Apt. #, etc. 22 SUITE 312 City & State 23 CORAL GABLES, FL Zip 24 33134	26 2151 LEJEUNE ROAD Suite, Apt. #, etc. 27 SUITE 312 City & State 28 CORAL GABLES, FL Zip 29 33134
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

GIORA W. BREIL  
9445 N.W. 52 DORAL LANE

MIAMI, FL 33178

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PT	<input type="checkbox"/> DELETE
NAME	BREIL, GIORA W.	
STREET ADDRESS	9445 N.W. 52 DORAL LANE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WONG, GUSTAVO	
STREET ADDRESS	6439 S.W. 132 COURT CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	P/V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BREIL, GIORA W.	
1.3 STREET ADDRESS	9445 N.W. 52 DORAL LANE	
1.4 CITY-ST-ZIP	MIAMI, FL 33178	
2.1 TITLE	5000020106158	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-11/22/96-01004-018	
2.3 STREET ADDRESS	*****61.25 *****61.25	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

A. Alan  
11-19-96

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Leon W. Silva President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/96

Date

305-232-6360

Daytime Phone #