

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000091614 (5)**

1. Corporation Name
LYON RECORD'S INC.

95 MAY -1 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **12864 BISCAYNE BLVD., SUITE 375 NORTH MIAMI FL 33181**
Mailing Address: **12864 BISCAYNE BLVD., SUITE 375 NORTH MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		12/19/1994	INITIAL FILING
22. State Apt. # etc		27. State Apt. # etc		4. FEI Number	Applied For
23. City & State		28. City & State		65-0545214	Not Applicable
24. Zip		25. County		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29. Zip		30. County		6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/> \$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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENITEZ, DIANA V 1109 N.E. 8TH AVE MIAMI FL 33161				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

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. Thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Diana V. Benitez* Date: 04/23/95

12. OFFICERS AND DIRECTORS		13. ADVERSELY AFFECTED OFFICERS AND DIRECTORS	
TITLE	P, T, S	01 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Benitez	02 NAME	
STREET ADDRESS	1109 N.E. 8th Avenue	03 STREET ADDRESS	
CITY, ST, ZIP	North Miami, FL 33161	04 CITY, ST, ZIP	
05 TITLE		05 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06 NAME		06 NAME	
07 STREET ADDRESS		07 STREET ADDRESS	
08 CITY, ST, ZIP		08 CITY, ST, ZIP	
09 TITLE		09 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY, ST, ZIP		12 CITY, ST, ZIP	
13 TITLE		13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY, ST, ZIP		16 CITY, ST, ZIP	
17 TITLE		17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY, ST, ZIP		20 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Diana V. Benitez* Date: 04/29/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8/1-19/11