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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000000546 (8) **DOCUMENT #**

LIL' JOE RECORDS, INC.

Principal Place of Business Mailing Address 19510 E. OAKMONT DR. 19510 E. OAKMONT DR. MIAMI FL 33105 MIAMI FL 33105 3a. Date of Last Report 3. Date Incorporated or Qualified 01/04/1995 2a. Mailing Address 4. f El Number Applied For 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country $Z_{\rm IP}$ Country Z_{i} n ₩ Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Joseph WemBer Street Address (P.O. Box Number is Not Acceptable CORPORATION INFORMATION SERVICES, INC. 82 o Atmost 9510 BAST 1201 HAYS ST. 83 TALLAHASSEE FL 32301 Zip Code 3301 84 City M nom i 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. of registered agents of the diame-(N. 1): Registeron Ages Esignature respond (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1 1 TI³1 E TITLE CR2E034 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY - ST-ZIE CITY-ST-ZIP DELETE ■ Addition 2.1 100 6 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY - ST - ZIP Change neitibbA [DELETE 3 1 TiTLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP ■ Addition ☐ DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - ZIF CITY-ST ZIP Change Addition DELFTE. 5 1 TITLE TITLE 5.2 NAME NAME

14. Ido 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 early; 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 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

5 4 CITY - ST - ZIP

64 CITY - ST-ZIP

6 1 TITLE

6.2 NAME 6.3 STHEET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition