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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017309 (2)

EXPRESS RECORDS DISTRIBUTORS, INC.

Fam an officer or director of the corporation appears in Block 12 or Block 12 or area.

8180 N.W. 36TH ST., SUITE 307 14847 N.E. 20TH AVE. NORTH MIAMI FL 33181 MIAMI FL 33166-6680 US 3. Date Incorporated or Qualified 3a. Date of Last Report 03/02/1995 05/01/1996 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 14847 N.E. 2012 ALE 65-0619100 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be FC 33181 NORSK MIAMI 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BENEDETTI, LUIZ CARLOS 8180 N.W. 36TH ST., SUITE 307 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City Zip Code 11. Pursuant to the provis office or registered agent. Lam familiary Clums 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE il applicable (NOTE: Registered Agent signature required when reinstaling) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE BENEDETTI, LUIZ CARLOS NAME 1.2 NAME 8180 N.W. 36TH ST., SUITE 307 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33166** CITY-ST-2IF 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change NAME **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIP 2. 4 CITY+ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4. CITY - \$1 - ZIP ■ DELETE Change ■ Addition THE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE 31111 5.1 TITLE Change Addition NAME: 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition THEF 61 TITLE Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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

HELVIZIONELOS BONOVETAS

FILED Feb 11 1997 8:00am Secretary of State

