## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017309 (2)

EXPRESS RECORDS DISTRIBUTORS, INC. Principal Place of Business Mailing Address 14847 N.E. 20TH AVE. 14847 N.E. 20TH AVE. N. MIAMI FL 33181 NORTH MIAMI FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/02/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0619100 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaion Figancing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zıp This corporation owes or has paid the current year Intangible (Z) Yes ☐ No 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENEDETTI, LUIZ CARLOS 8180 N.W. 36TH ST., SUITE 307 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE PVSD 1.1 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-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIA 2. 4 CITY - ST - ZiP DELETE Channe Addition TITLE 3.1 TITLE 3.2 NAME STREET ANDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE Change ■ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filing 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 any alreport 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 results frustee 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 alteroring the statutes.

6.4 CITY-ST-ZIP

CIONATURE.

CITY-ST-ZIP

3/10/98

(200) 956 - 27 No

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FILED

Mar 30 1998 8:00am

Secretary of State