

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90200 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000017309

1. Corporation Name
EXPRESS RECORDS DISTRIBUTORS, INC.

Principal Place of Business
14847 N.E. 20TH AVE.
NORTH MIAMI FL 33181
US

Mailing Address
14847 N.E. 20TH AVE
N. MIAMI FL 33181
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3050 BISCAYNE BLVD	2a. Mailing Address 26 3050 BISCAYNE BLVD
Suite, Apt. #, etc. 22 # 604	Suite, Apt. #, etc. 27 SUITE 604
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33137	Zip 29 33137
Country 25 USA	Country 30 USA

3. Date incorporated or Qualified 03/02/1995	Applied For Not Applicable
4. FEI Number 65-0619100	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BENEDETTI, LUIZ CARLOS
8180 N.W. 36TH ST., SUITE 307
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name **LUIZ BENEDETTI**
 82 Street Address (P.O. Box Number is Not Acceptable) **3050 BISCAYNE BLVD # 604**
 83
 84 City **MIAMI** FL 85 Zip Code **33137**

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  DATE **1-8-98**

12. OFFICERS AND DIRECTORS		
TITLE	PVSD	<input type="checkbox"/> DELETE
NAME	BENEDETTI, LUIZ CARLOS	
STREET ADDRESS	8180 N.W. 36TH ST., SUITE 307	
CITY-ST-ZIP	MIAMI FL 33166	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
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		

14. I hereby 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 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, with all other like empowered.

SIGNATURE:  DATE **1-8-98**

(305) 573-0760
Daytime Phone #

CR2E034 (11/98)