**FILED** 

Apr 26, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000017309

1. Corporation Name

EXPRESS RECORDS DISTRIBUTORS, INC.

Principal Flac	e of Business		Mailing Address					#8111 PEIII BEIII BI	191 11211 1222 1111 <b>1</b>	A116 1811 1881
14847 N.E. 20T	H AVE.		14847 N.E. 20TH A	/E.						
NORTH MIAMI FL 33181 N. MIAMI FL 33181							DO N	OT MOITE IN T	IIG SBACE	
US US						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified				
							03/02/1995	REGINOS		. {
a Principal P	Place of Business		2a, Mailing Addre	is ,		<del></del> -	4. FEI Number		App	olied For
─ 7~ <i>-</i> -	BISCAVNE	Bub	26 3050		avne	Rus	65-0619100		Nct	Applicable
21 <b>30 .</b> C Spite, /spt.	, <u></u>		Suite, Apt. #,		<del>x y/v C</del>	<u> </u>			\$8.75 /	dditional
22 🛊 (0(	^ [ ]		27 Suite	/			5. Certificate of Status De		Fee Rec	<del></del>
City & Stat			City & State	· 4-	_		6. Election Campaign Fir	- 11	<b>\$5.00</b> ( Added to	
23 MA		<del> </del>	28 MM ( AM)	<u> 7</u>			Trust Fund Contributio			o rees
Zip 217	Cour		Zip 2212-	7 🗔	Country	A -	This corporation owes     Personal Property Tax			□No
24 5013		) SA-	29 <u>  クラ</u> [ フ : Registered Agent	30	I UD	<u> </u>	10. Name and Address of			
<del></del>	g, Name and Add	ress of Current	Registered Agent		81 1	vame		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	
BEN	IEDETTI, LUIZ CARL	.08			1 1	L UIS	BENE DETTI			
	0 N.W. 36TH ST., S				82 5	Street Addre	SS (P.O. Box Number is Not	Acceptable)	# 604	1
MIAN	MI FL 33166				83		O OBCAYO	سران ا	- <del></del>	
					84 (	City MILE	Mari	F	:L  85  翌年	ide 7
ſ						/40/12	***************************************		of changing its	rogistared
44 Duray ant	to the provinces of S	oction 607 050 2	2 and 607 1508 Florid	Statutes	the above-n	amed como	ration subraits this statemer	it for the purpose	: Of Changing its	registered
11. Pursuant office or r	to the provisions of S registered agent or by	ections 607.0502 In the State	2 and 607.1508, Florid of Florida. Such chang	a Statutes, e was autho	the above-n orized by the	amed corpo e corporation	ration submits this statemer	by accept the ap	pointment as re	jistered
11. Pursuant office or ragent I a	t to the provisions of S registered agent or by am familiar with, and s	th in the State :	2 and 607.1508, Florid of Florida. Such chang ions of, Section 607.0	a Statutes, e was autho 505, Florida	the above-n orized by the Statutes.	amed corpo e corporation	ration submits this statemen of board of prectors. I here			jistered
11. Pursuant office or ragent La	am tamillar with, and a	eed toe obliga.	ons of, Section 607.0	ουρ, Florida	the above-norized by the Statutes.	///			pointment as re	jistered
agent la	am familiar with, and	ections 607.050 The in the State correction to obligation of or registered age OFFICERS AND	and title if applicable	ουρ, Florida	i Statutes.	///		DATE	- Z-99 and directo	RS IN 12
agentia	am tamillar with, and a	are of registered ager	and title if applicable	(NO E: Reg	gistered Agent sig	///	(hear reinstating)	DATE	-8-99	
SIGNATURE	Signature Apped Oprintee in	of registered age	tard title if applicable D DIRECTORS	(NO E: Reg	gistered Agent sig	///	(hear reinstating)	DATE	- Z-99 and directo	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature Ayeed offinition in  PVSD  BENEDETTI, LUIZ	OFFICERS AND	D DIRECTORS	(NO E: Reg	gistered Agent signal  13.  1.1 TITLE	prlature rex uired	(hear reinstating)	DATE	- Z-99 and directo	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature Ayeed offinition in  PVSD  BENEDETTI, LUIZ	OFFICERS AND	D DIRECTORS	(NO E: Reg	13. 1.1 TITLE 1.2 NAME	orlature rec ulired	(hear reinstating)	DATE	- Z-99 and directo	RS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 '(3)(i). Florida Statutes. I further sertify 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 receipt of or distance 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 attack mean with all other like empowered.

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDR :SS

ED NAME OF SIGNING OFFIRM R OR DIRECTOR

☐ DELETE

Change

Addition