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

**PROFIT** CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000022827 (6) DOCUMENT # 1. Corporation Name

**DI-VERSION RECORDS. INC.** 

Mailing Address Principal Place of Business 11204 S.W. 114TH LANE CIRCLE 1200 BROOKSTONE CENTER PKWY. MIAMI FL 33176 SUITE 105 DO NOT WRITE IN THIS SPACE COLUMBUS GA 31904 3. Date Incorporated or Qualified 03/21/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 65-0577096 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DE LA TORRIENTE, COSME ESQ. 999 PONCE DE LEON BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 1040** 83 **CORAL GABLES FL 33134** 84 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 tine if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE DIAZ-VERSON, SILVIA 12 NAME NAME 11204 S.W. 114TH LANE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE SD 21 THEF NAME DIAZ-VERSON, METODIA 2.2 NAME 11204 S.W. 114TH LANE CIRCLE STREET ADDRESS 23 STREET ADDRESS **MIAMI FL 33176** 2 4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 31 TITLE TITLE DIAZ-VERSON, LOURDES 3.2 NAME 11204 S.W. 114TH LANE CIRCLE STREET ADDRESS **3.3 STREET ADDRESS MIAMI FL 33176** 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

**53 STREET ADDRESS** 

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 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 address.

Change

Change

Addition

Addition

**FILED** 

Mar 26 1998 8:00am

Secretary of State

2.7248