05-05-1999 90071 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000038396

CAIMAN RECORDS AMERICA, INC.

Principal Place of Business Mailing Address								, 19119 9711 1001	
3110 NE 2ND AVE MIAMI FL 33137 US		3110 NE 2ND AVE Miami FL 33137 US				DO NOT WRITE IN THI	S SPACE	····	
						3. Date Incorporated or Qualifed			
	·					05/15/1995			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	\ 	oplied For	
21		26				65-0580967		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year In		_	
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered	Agent		
				81	Name				
FIGUERDA, LUIS A				82	Street /	Address (P.O. Box Number is Not Acceptable)			
3110 NE 2ND AVE						,			
MIAMI FL 33137				83					
				84	City	·	85 Zip (Code	
44 5		OFD2 and 603 1500 Florida Chattata	- the et		namad	corporation submits this statement for the purpose of	f changing its	registered	
office or re	egistered agent, or both, in the St	ate of Florida. Such change was au	ithorized	l by t	the corpo	oration's board of directors. I hereby accept the appe	ointmont as re	gistered	
agent. I ai	m familiar with, and accept the ob	ligations of, Section 607.0505, Flori	ida Statu	utes.			1400		
SIGNATURE						equired when reinstating)	- 1 1 1 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2		
12.	Signature, typed or printed name of registered	AND DIRECTORS 4	Registered 13.	Agent	signature re	ADDITIONS/CHANGES TO OFFIG _RS A	ND DIRECTO	ORS IN 12	
	DP OFFICERS			1.1 TITLE		DIRECTOR.	Change	Addition	
TITLE		A second	1.2 NA	AIAIAE		Governa Linis			
NAME	SILVA, JOSE					Figueroa, Luis 3110 NE 2nd Avenue		j	
STREET ADDRESS	3110 NE 2ND AVE			1.3 STREET ADDRESS		MiAMI, FL 33137.			
C(TY-ST-ZIP	MIAMI FL 33137	☐ DELETE	1.4 CIT		-ZiP	MIMH) 12 22137.	☐ Change	Addition	
TITLE	•	DELETE		1 TITLE			Onange		
NAME				2.2 NAME				i	
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			2.4 CITY-ST-ZiP		-ZiP		Change	Addition	
TITLE	DELETE			3.1 TITLE			Change		
NAME			3.2 NA						
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME			4.2 N	AME				1	
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP			•	
TITLE		☐ DELETE	5.1 TIT	LE			Change	☐ Addition	
NAME			5.2 NA	ME	1				
STREET ADDRESS			5.3 ST	REET.	ADDRESS				
CITY-ST-ZIP			5.4 CIT	TY-ST	- ZIP				
TITLE		☐ DELETE	6.1 777	LE			☐ Change	Addition	
NAME			6.2 NA	ME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

E OF SIGNING OFFICER OR DIRECTOR