SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000043933 (7) DOCUMENT #

SPIDER WEB RECORDS,INC.

Principal Place of Business Mailing Address 7855 BIRD ROAD 7855 BIRD ROAD MIAMI FL 33155 MIAMI FL 33155 3a. Date of Last Report 3. Date Incorporated or Qualified 06/07/1995 2. Principal Place of Business 4. FEI Number Applied For Mailing Address 2a Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Flection Campaign Financing Added to Fees 28 23 Trust Fund Contribution Country 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent A1 Name DIAZ, JUAN L 7855 BIRD OAD 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** Zip Code City 85 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's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE **PVST** 1 1 TIFLE TITLE DIAZ. JUAN L 1.2 NAME NAME 7855 BIRD ROAD 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 14 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE D 2.1 TITLE TITLE DIAZ, JUAN L NAME 2.2 NAME 7855 BIRD ROAD STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2 4 CITY - ST - ZIP CITY - ST - ZIP DELETE 3 1 TIFLE Change ____ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS. 34 CITY-ST-ZIP Change Addition DELETE 4.1 1151.6 TITLE 4 2 NAME

6.4 CHY-Sf-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

4.3 STREET ADDRESS 4 4 CITY - ST - 7IP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

5.4 CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

NG OFFICER OR/DIRECTOR

DELETE

DELETE

6/14/96 (305) 545-1238

Change Addition

Change Addition

8 CR2E034