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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000051568 (0)

1. Corporation Name

JOSE LUIS RECORDS CORPORATION

Principal Place of Business

5730 NW 199TH STREET  
MIAMI FL 33015

Mailing Address

5730 NW 199TH STREET  
MIAMI FL 33015-4933

3. Date Incorporated or Qualified  
07/03/1995

3a. Date of Last Report  
07/30/1996

2. Principal Place of Business

21 6801 N.W. 77 Ave.

Suite, Apt. #, etc.  
22 106

City & State  
23 MIAMI FL.

Zip Country  
24 33166 25 U S A

2a. Mailing Address

26 6801 N.W. 77 Ave

Suite, Apt. #, etc.  
27 106

City & State  
28 MIAMI FL

Zip Country  
29 33166 30 U S A

4. FEI Number  
65-0596826

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SANTOS, NELLY A  
5730 NW 199TH STREET  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SANTOS, JOSE A	5730 NW 199TH STREET	MIAMI FL 33015	<input type="checkbox"/>
VT	SANTOS-NUNEZ, JOSE L	5730 NW 199TH STREET	MIAMI FL 33015	<input type="checkbox"/>
S	SANTOS, NELLY A	5730 NW 199TH STREET	MIAMI FL 33015	<input type="checkbox"/>
D	NUNEZ SANTOS, MERCEDES M	5730 NW 199TH STREET	MIAMI FL 33015	<input type="checkbox"/>
D	SANTOS-NUNEZ, MARIA E	5730 NW 199TH STREET	MIAMI FL 33015	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

Nelly A. Santos  
SECRETARY

2/26/97

Date

Daytime Phone #

0122741

CR2E034 (9/96)