

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
1996



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

APPROVED *8/19/96*
AND
FILED

1996 SEP 23 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075167 (3)

1. Corporation Name

DISTRICT RECORD CORP.



Principal Place of Business

Mailing Address

1655 JAMES AVE. SUITE 544
MIAMI BEACH FL 33139

1655 JAMES AVE. SUITE 544
MIAMI BEACH FL 33139

2. Principal Place of Business

2a. Mailing Address

21 1655 James Ave

26 Same

22 Suite, Apt. #, etc.
H 544

27 Suite, Apt. #, etc.

23 City & State
MB, FLA

28 City & State

24 Zip
33139

Country

25 Zip
DADE

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEATTY, ANTHONY
1655 JAMES AVE, SUITE 544
MIAMI BEACH FL 33139

81 Name Anthony S. Beatty
82 Street Address (P.O. Box Number is Not Acceptable)
1655 James Ave H 544
83
84 City Miami Beach FL 85 Zip Code 33139

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME Anthony S. Beatty

11 TITLE

12.2 STREET ADDRESS 1655 James Ave H 544

12 NAME

12.3 CITY-STATE-ZIP Miami Beach, FLA 33139

13.1 STREET ADDRESS

12.4 CITY-STATE-ZIP Miami Beach, FLA 33139

14 CITY-STATE-ZIP

12.5 CITY-STATE-ZIP Miami Beach, FLA 33139

2.1 TITLE

12.6 CITY-STATE-ZIP Miami Beach, FLA 33139

22 NAME

12.7 CITY-STATE-ZIP Miami Beach, FLA 33139

23 STREET ADDRESS

12.8 CITY-STATE-ZIP Miami Beach, FLA 33139

2.4 CITY-STATE-ZIP

12.9 CITY-STATE-ZIP Miami Beach, FLA 33139

3.1 TITLE

12.10 CITY-STATE-ZIP Miami Beach, FLA 33139

3.2 NAME

12.11 CITY-STATE-ZIP Miami Beach, FLA 33139

3.3 STREET ADDRESS

12.12 CITY-STATE-ZIP Miami Beach, FLA 33139

3.4 CITY-STATE-ZIP

12.13 CITY-STATE-ZIP Miami Beach, FLA 33139

4.1 TITLE

12.14 CITY-STATE-ZIP Miami Beach, FLA 33139

4.2 NAME

12.15 CITY-STATE-ZIP Miami Beach, FLA 33139

4.3 STREET ADDRESS

12.16 CITY-STATE-ZIP Miami Beach, FLA 33139

4.4 CITY-STATE-ZIP

12.17 CITY-STATE-ZIP Miami Beach, FLA 33139

5.1 TITLE

12.18 CITY-STATE-ZIP Miami Beach, FLA 33139

5.2 NAME

12.19 CITY-STATE-ZIP Miami Beach, FLA 33139

5.3 STREET ADDRESS

12.20 CITY-STATE-ZIP Miami Beach, FLA 33139

5.4 CITY-STATE-ZIP

12.21 CITY-STATE-ZIP Miami Beach, FLA 33139

6.1 TITLE

12.22 CITY-STATE-ZIP Miami Beach, FLA 33139

6.2 NAME

12.23 CITY-STATE-ZIP Miami Beach, FLA 33139

6.3 STREET ADDRESS

12.24 CITY-STATE-ZIP Miami Beach, FLA 33139

6.4 CITY-STATE-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. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Beatty

Date

Aug 1, 96

Day, the Month

305 532-8059

CR2E034 (3/96)

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 16, 1996

DISTRICT RECORD CORP.
1655 JAMES AVE, SUITE 544
MIAMI BEACH, FL 33139

SUBJECT: DISTRICT RECORD CORP.
Ref. Number: P95000075167

All corporations that have not filed the 1996 corporation annual report will be administratively dissolved on August 7, 1996. However, since the annual report was received prior to the dissolution date, you have 30 days from the date of this letter to make the necessary corrections. Please return a copy of this letter with your corrected documents to ensure your document is properly handled.

List the name, title, street address, city, and state of each officer/director of the corporation in block 12 or 13.

The person that signed the annual report is not listed as an officer/director of the corporation. Please list the person signing as an officer/director in block 12, block 13 or on an attachment with a street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (904) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 796A00039125

/jz

*Out of County - Aug 12 (Set) 84
not returned to State - andoul form/check*