

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



PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**

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

DOCUMENT # **P95000097485 (3)**

1. Corporation Name

**S.F.P. RECORDS, INC.**

Principal Place of Business

940 LINCOLN ROAD  
SUITE 218  
MIAMI BEACH FL 33139

Mailing Address

940 LINCOLN ROAD  
SUITE 218  
MIAMI BEACH FL 33139

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

Zip

26

Country

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.**  
ONE SE THIRD AVENUE  
27TH FLOOR  
MIAMI FL 33131

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 is required when reinstating)

DAT.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHELI, MARK		1.2 NAME	
STREET ADDRESS	1000 WEST AVE #1111		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMORES, ERIC		2.2 NAME	
STREET ADDRESS	1615 BAY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINI, IVANO		3.2 NAME	
STREET ADDRESS	1000 WEST AVE #417		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZONZON, PIERRE		4.2 NAME	
STREET ADDRESS	1000 WEST AVE #915		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 attachment with an address.

SIGNATURE: *Mark SACHELI* *President*

Feb 6/98 (305) 604 9311



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/20/1995**

4. FEI Number

**65-0627550**

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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (10/97)