

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 # P96000032254

1. Corporation Name

TRAPICHE RECORDS AND BOOKS, INC.

Principal Place of Business  
159 NW 85TH COURT  
MIAMI FL 33126-3816

Mailing Address  
159 NW 85TH COURT  
MIAMI FL 33126-3816

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90013 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number  
65-0739215

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 12967 NW 9 STREET

23 City & State

28 MIAMI FLORIDA

24 Zip Country

29 33182 30 USA

9. Name and Address of Current Registered Agent

GONZALEZ-S, HILDA D.  
159 NW 85TH COURT  
MIAMI FL 33126-3816

10. Name and Address of New Registered Agent

81 Name GONZALEZ-S, HILDA D.

82 Street Address (P.O. Box Number is Not Acceptable)  
12967 NW 9 STREET

83

84 City MIAMI

85 Zip Code FL 33182

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 P  
NAME GONZALEZ-S, HILDA D  
STREET ADDRESS 159 NW 85 CT  
CITY-ST-ZIP MIAMI FL 33126-3816 ☒ DELETE

TITLE V  
NAME NELSON, ZULETA  
STREET ADDRESS 159 NW 85 CT  
CITY-ST-ZIP MIAMI FL 33126-3816 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME GONZALEZ-S, HILDA D.  
1.3 STREET ADDRESS 12967 NW 9 STREET  
1.4 CITY-ST-ZIP MIAMI FL. 33182 ☒ Change ☐ Addition

2.1 TITLE V  
2.2 NAME NELSON, ZULETA  
2.3 STREET ADDRESS 12967 NW - 9 STREET  
2.4 CITY-ST-ZIP MIAMI FL. 33182 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

1-305-4800022

Daytime Phone #

CR2E034 (1/198)