FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P96000033877 (7)

1. Corporation Name
CROSSOVER RECORDS, INC.

Principal Place of Business
~~10103~~ SOUTHWEST 72ND STREET
MIAMI FL 33173

Mailing Address
~~10103~~ SOUTHWEST 72ND STREET
MIAMI FL 33173-3004

3. Date Incorporated or Qualified **04/17/1996**	3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0700178**	Applied For / Not Applicable
21. *10123 SW 72 ST*	26. *10123 SW 72 ST*	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22.	Suite, Apt. #, etc. 27.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23. *Miami FC*	City & State 28. *Miami FC*	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	
Zip 24. *33173* Country 25. *USA*	Zip 29. *37173* Country 30. *USA*		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STACO, HAROLD ~~10103~~ SOUTHWEST 72ND STREET MIAMI FL 33173	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) *10123 SW 72 ST* B3 B4 City *Miami* FL B85 Zip Code *73173*

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **DUPERVAL, LIONEL**		1.2 NAME	
STREET ADDRESS **10103 SOUTHWEST 72ND STREET**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33173**		1.4 CITY-ST-ZIP	
TITLE **DV** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **STACO, HAROLD**		2.2 NAME	
STREET ADDRESS **10103 SOUTHWEST 72ND STREET**		2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33173**		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____   *4/16/97*