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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000033877 (7)

CROSSOVER RECORDS, INC.

FILED May 11 1998 8:00am Secretary of State



						48 1/83 1/46 111/1 /4811 1311 (SAL
Principal Place of Business Mailing Address				a topulogo iio ibiio biili obiii biili obiii	NO CITOR ITEM INTELLEMENT (AND LONG	
10123 SW 72 ST MIAMI FL 33173 US		10123 SW 72 ST Miami Fl 33173 US	MIAMI FL 33173		DO NOT WRITE IN T	HI\$ SPACE
					3. Date incorporated or Qualified	
	<u> </u>				04/17/1996	
—	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
		26	· · · · · · · · · · · · · · · · · · ·		65-0700178	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Countr	y	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes Yo
	9. Name and Address of Curre	ent Registered Agent		T	10. Name and Address of New Registe	red Agent
	ACO, HAROLD		81	Name		
	1 23 S W 72 ST AMI FL 33173		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83	1	1	*
			84	City		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			To rota Ottatato	•		
	Signature typed or printed name of registered a			ent signature requi	red when reinstating) DA	
12.		ND DIRECTORS DELETE	13.	 -	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP NONE	☐ DELETE	1.1 TITLE	ŀ		☐ Change ☐ Addition
NAME	DUPERVAL, LIONEL	TOFFT	1.2 NAME			
STREET ADDRESS	10103 SOUTHWEST 72ND S	PIREEI		T ADDRESS		Į.
CITY-ST-ZIP	MIAMI FL 33173	DELETE	1.4 CITY-	ST-ZIP	***************************************	
TITLE	DV STACO HADOLD	I™ DETEIR	2.1 TITLE			Change Addition
NAME	STACO, HAROLD		2.2 NAME			
STREET ADDRESS	10103 SOUTHWEST 72ND S	OIMEET	2.3 STREE	•		
CITY-ST-ZIP	MIAMI FL 33173	DELETE	2. 4 CITY-	ST-ZIP		
TITLE		(_) DELETE	3.1 TITLE			Change Addition
NAME CYNCET ARRESTOC			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		[] Observed [] A 2 2 9 2 2
NAME		☐ otter				L. Change L. Addition
			4.2 NAME			
STREET ADDRESS				ADDRESS		ļ
CITY-ST-ZIP	T	☐ DELETE	4.4 City - 9	ST-ZIP		0
TITLE NAME			5.1 TITLE			☐ Change ☐ Addition
			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		DELETE	5.4 CITY - S	ST- ZIP		0.00
TITLE		□ vacat	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	- 1		
CITY-ST-ZIP			6.4 CITY-S	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 agricular 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 attrockment) with an address.