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 # P96000078334

1. Corporation Name

DISCTEL DECORDS INC

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90098 031 ***150.00

DISCILL	neconda, inc.				
Principal Place	e of Business	Mailing Address			- I 1881/891 (18 181/8 81/11 86/11 88/11 88/11 88/11 1888 (1888 (1888 (178 81/11 88/11
9445 N.W. 52 DORAL LANE 9445 N.W. 52 DORAL LANE MIAMI FL 33178 MIAMI FL 33178					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 09/19/1996
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0695982 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22				5. Certifcate of Status Desired See Required	
City & State City & State			·		6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible
24	[25]		30		Personal Property Tax. ☑ Yes □ No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
DDE:	ANA LUCIA		81	Name	
BREIL, ANA LUCIA 9445 N.W. 52 DORAL LANE			82	Street Add	iress (P.O. Box Number is Not Acceptable)
MIAN	Al FL 33178		83		
			84	City	FL 85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept the obligation	ations of, Section 607.0505, Flor	ida Statutes	i. 	ion's board of directors. I hereby accept the appointment as registered
12,	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BREIL, ANA LUCIA		1.2 NAME	Ì	
STREET ADDRESS	REET ADDRESS 9445 N.W. 52 DORAL LANE		1.3 STREE	TADDRESS	j
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TITLE	1	☐ Change ☐ Addition
NAME			2.2 NAME		•
STREET ADDRESS			2.3 STREE	TADDRESS	حميم عالمي المنظم المنظ
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	Į.	
CITY-ST-ZIP		O SELETE	3.4. CITY-5	iT-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		Change Discours
NAME			4. 2 NAME		,
STREET ADDRESS			•	T ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP	☐ Change ☐ Addition
TITLE		C) occes	5.7 IIILE 5.2 NAME	j	_ sittings
NAME 1000000			4	T ADDRESS	
STREET ADDRESS			5.5 STREE		,
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS				TADORESS	
SIKEEIADDKESS			1.50,,,,,,		

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:

GNATURE AND TYPED OR PRINDED NAME OF SIGNING OFFICER OR DIRECTOR