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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 28 1997 8:00am  
Secretary of State

DOCUMENT # P96000083516 (0)

1. Corporation Name

MARISOL RECORD PRODUCTION & PROMOTION CORP.



Principal Place of Business

7360 SW 24TH ST (CORAL WAY) STE 19  
MIAMI FL 33155

Mailing Address

7360 SW 24TH ST (CORAL WAY) STE 19  
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAVERAS, RAFAEL  
7360 SW 24TH ST (CORAL WAY) STE 19  
MIAMI FL 33155

81 Name RAFAEL TAVERAS  
82 Street Address (P.O. Box Number is Not Acceptable) 1778 N. BAY Shore Dr. #402  
83  
84 City MIAMI FL  
85 Zip Code 33132

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 of officer 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 PD  
NAME TAVERAS, RAFAEL  
STREET ADDRESS 7360 SW 24TH ST (CORAL WAY) STE 19  
CITY-ST-ZIP MIAMI FL 33155

TITLE VSD  
NAME GALVAN, PETRONILA  
STREET ADDRESS 7360 SW 24TH ST (CORAL WAY) STE 19  
CITY-ST-ZIP MIAMI FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME V/O Livia Edwards  
STREET ADDRESS 1778 N. BAY Shore Dr. #402  
CITY-ST-ZIP MIAMI, FLA. 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)