

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 # P96000083516 (0)

1. Corporation Name

MARISOL RECORD PRODUCTION & PROMOTION CORP.

FILED  
May 05 1998 8:00am  
Secretary of State



Principal Place of Business

Mailing Address

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

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

1029 SW 1st Ave. Suite 2

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/10/1996

4. FEI Number

65-0753517

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

TAVERAS, RAFAEL  
1778 N BAY SHORE DR  
#402  
MIAMI FL 33132

RAFAEL TAVERAS  
1029 SW 1st Ave  
Suite 2 FLA  
MIAMI FL 33129

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 ☐ DELETE

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

TITLE ☐ DELETE

NAME VPD  
STREET ADDRESS EDWARDS, OLIVIA  
CITY-ST-ZIP ~~1778 N BAY SHORE DR, #402~~  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 1029 SW 1st Ave  
1.3 STREET ADDRESS SUITE 2  
1.4 CITY-ST-ZIP MIAMI FL 33129

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption, Bank for an officer or director of the corporation or the receiver or trustee empowered to execute this report payment Block 12 or Block 13 if changed, or on an attachment with an address.

607(3)(i), Florida Statutes. I further certify that the information 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 payment Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

-28-98

CR2E034 (10/97)