

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90162 038 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000017501**

1. Corporation Name  
**NEXT CENTURY RECORDS, INC.**



Principal Place of Business <b>999 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES FL 33134</b>	Mailing Address <b>999 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>12342 SW 132 CT</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI FL</b> Zip 24 <b>33186</b>		2a. Mailing Address 26 <b>12342 SW 132 CT</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI FL</b> Zip 29 <b>33186</b>		3. Date Incorporated or Qualified <b>02/21/1997</b>	
4. FEI Number <b>65-0740693</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>RAPOPORT, ALLEN J 999 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent 81 Name <b>ENRIQUE E GARCIA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>12342 SW 132 CT</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33186</b>	
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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:  **ENRIQUE E GARCIA / President** 4/26/99  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, ENRIQUE E</b>	1.2 NAME	
STREET ADDRESS	<b>12342 S W 132ND CT</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33186</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALMAGUER, HECTOR R</b>	2.2 NAME	
STREET ADDRESS	<b>12342 S W 132ND CT</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33186</b>	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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 1107, 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:  **ENRIQUE E GARCIA / President** 4/26/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #

CR2E034 (11/98)