## 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

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90299 009 \*\*\*150.00

DOCUMENT #	P97000026468
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Corporation Name

P-ZAZ RECORDS, INC.

Principal Place of Business

Mailing Address

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		PO BOX 16342 PLANTATION FL 33318			DO NOT WRITE IN THIS SPACE
				_	3. Date Incorporated or Qualifed 03/19/1997
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0735477 Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Sea.75 Additional Fee Required
	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	Zip Country	Zip 31	Countr	У	This corporation owes the current year Intangible     Personal Property Tax.
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
	CASSAGNOL, PERALT 2461 NW 56 AVE #106		8:		reet Address (P.O. Box Number is Not Acceptable)
	LAUDERHILL FL 33313		8:	<u> </u>	
			8-		red corporation submits this statement for the purpose of changing its registered

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition **PDCT** □ DELETE 1.1 TITLE TITLE CASSAGNOL, PERALT 1.2 NAME NAME PO BOX 16342 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33318** CITY-ST-ZIP 14 CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99

954-484-7866

Daytime Phone #

CR2E034 (11/98)