**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90114 009 \*\*\*150.00

## DOCUMENT # **P97000035865**

1. Corporation Name

PRONTO RECORDS REVIEW, INC	Mailing Address				
Principal Place of Business  Mailing Address  2601 SOUTH BAYSHORE DRIVE. SUITE 1500  MIAMI FL 33133  Mailing Address  % FULLER & SUAREZ. PA 2601 S BAYSHORE DR #1500  MIAMI FL 33133  US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
2. Principal Place of Business	2a. Mailing Address			04/22/1997 4. FEI Number	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			65-0745620  5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	-		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 4 25	Zip Co 29 30	ountry		This corporation owes the current year Int Personal Property Tax.	☐Yes ☐No
9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent
SUAREZ, RODOLFO JR. 2601 SOUTH BAYSHORE DRIVE, SUITE 1500		81			
MIAMI FL 33133		83			
	, 	84	,	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the State	502 and 607.1508, Florida Statutes, the te of Florida. Such change was authorize	ed by	the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing its registered ntment 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition ☐ Change TITLE □ DELETE 1.1 TITLE 1.2 NAME NAME SUSAN FULLER 2601 S BAYSHORE DR #1500 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change ☐ Addition 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 NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-\$T-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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:

CR2E034 (11/98)