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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700037322

Corporatio MULTIM	n Name EDIA DISC, INC	007 0 2 2				
Principal Plac	e of Business	Mailing Address			30 11111 18060 11110 1	
1631 W 38TH 1	PL.	1631 W 38TH PL.				
#1501-A HIALEAH FL 33	0013	#1501-A HIALEAH FL 33012		DO NOT WOITE IN TH	IO CDACE	
HINLENN FL 30	NO12	HIALEAN FL SOUTZ		DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE	
				04/25/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	plied For
21		26		65-0748189		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Red	
City & Stat		City & State		A Fluid O The Fire State of the		 -
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip 24	Country 25	Zip 3	Country 30	This corporation owes the current year I Personal Property Tax.		⊡ ₩6
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
81 Name				MARTINEZ GILBER	~~~~	
MARTINEZ, GILBERTO			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	210	
5717 W 28TH AVE.			Ou ou rad			_
HALEAH FL 33016			83	523 W. AVE. #30	~ U	
			04 04		es 7in C	ode.
				MAMI BEACH F	L 33	<u>139</u>
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was aut	thorized by the comorat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its i ointment as reg	registered jistered
SIGNATURE	in takindi with and accept the bungi	Alons of, occiton cort. cooc, Floric	ou dialotta.			
	Signature, typed or printed name of registered age		Registered Agent signature requir			
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	MARTINEZ, GILBERTO	☐ DELETE	1,1 TITLE		☐ Change	☐ Addition
NAME	1523 W AVE #304		1.2 NAME			
STREET ADDRESS	MIAMI BEACH FL 33139		1.3 STREET ADDRESS		•	
CITY-ST-ZIP	MINIMI BEACTITE 33193	☐ DELETE	1.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ pere≀s	2.1 TITLE		Change	L Addition
NAME STREET ADDRESS			2.2 NAME			
			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			.
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME		— - -	3.2 NAME		٠	
STREET ADDRESS			3.3 STREET ADORESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			-
STREET ADDRESS			4.3 STREET ADDRESS			. (
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME	-		
STREET ADDRESS			6.3 STREET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

ALGREERTO MARTINEZ 1-6-99 (305) 822-3106