SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000056016 (3)

305 RECORDS, INC.

FILED Oct 07 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			i Milita Brest Athan ciasa Aincean
1331 NW 81ST TERRACE	P.O. BOX 681501			
MIAMI FL 33147	MIAMI FL 33168		DO NOT WRITE IN THE	O DDACE
			3. Date Incorporated or Qualified	SOFACE
			06/25/1997	_
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Cempaign Financing	\$5.00 May Be
<u>_</u>	28		Trust Fund Contribution	Added to Fees
Zip Country 25	Zip 30	Country	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intanorble Yes K No
9. Name and Address of Current			10. Name and Address of New Registered	
BOSTIC, HERMAN "MICK"	<u> </u>	81 Name		
1331 NW 81ST TERRACE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33147		on our round	33 (1.0. Box Hallion to Hot Hoopidsto)	
		83	·····	
		84 City		85 Zip Code
<u></u>			FI	
11. Pursuant to the provisions of sections 607.0502 office or registered agent, or both, in the State of	f Florida. Such change was autho	rized by the corporatio	ation submits this statement for the purpose of c m's board of directors. I hereby accept the appo	h ang ing its registered si ntm ent as registered
agent. I am familiar with, and accept the obligat	ons of, section 607.0505, Florida	Statutes.		
SIGNATURE Signature, typod or printed name of registered agent a	and little if applicable (NOTE, Re	egistered Agent signature requi	ired when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
TITLE D	DELETE 1	1.1 TITLE		Change Addition
NAME BOSTIC, HERMAN "MICK"	1	1.2 NAME		.
STREET ADDRESS 340 SEAMAN AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP OPA LOCKA FL 33054		1.4 CITY-ST-ZIP		
CLEMENTE LULIANI	DEED TO	2.1 TITLE		Change Addition
MANA OW MATH OTDECT		2.2 NAME		·
LHARN CL 20100		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI PL 33100		2.4 CITY-ST-ZIP		Change Addition
NAME GUYTON, ELLEN	[_] DECETE	3.2 NAME		Change Addition
STREET ADDRESS 315 NW 108TH STREET		9.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33168		3.4 CITY-ST-ZIP		
TITLE		1.1 TITLE		Change Addition
NAME		I.2 NAME		-
STREET ADDRESS	4	3 STREET ADDRESS		
CITY-ST-ZIP		I.4 CITY-ST-ZIP	<u> </u>	
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	L_J DECETE	S.1 TITLE		Change Addition
NAME		S.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ion 119.07(3)(i), Florida Statutes. I further certify	

4. I hereby certify that the information dupplied 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 of 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 chapted, or on an attachment with an address.