

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 17, 1999 8:00 am
Secretary of State

05-17-1999 90096 026 ***150.00

DOCUMENT # P97000077655

1. Corporation Name
SUPERIOR C.D.'S INC.

Principal Place of Business
17700 SW 7TH STREET
PEMBROKE PINES FL 33029

Mailing Address
17700 SW 7TH STREET
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1997

2. Principal Place of Business

21 8428 nw 61 st.

2a. Mailing Address

26 SAME

4. FEI Number

APPLIED FOR / 65-0832563

Applied For

Not Applicable

Suite, Apt. #, etc.

22 N/A

Suite, Apt. #, etc.

27

City & State

23 Miami, Fla

City & State

28

Zip

24 33166

Country

25 U.S.A.

Zip

29

Country

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BURNS, RICHARD ESQ
1500 NW 107TH AVENUE SUITE 200
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

VICENTE RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

11165 S.W. 112 terrace

83 Miami, Fla. 33176

84 City

Miami

FL

85 Zip Code

33176

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

VC
(NOTE: Registered Agent signature required when reinstating)

DATE

5-20-99

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE
NAME CAPUZZO, ALINA
STREET ADDRESS 17700 SW 7TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Isabel C. Rodriguez
1.3 STREET ADDRESS 11165 S.W. 112 Terrace
1.4 CITY-ST-ZIP Miami, Fla. 33176

2.1 TITLE VC ☐ Change ☒ Addition
2.2 NAME Vicente Rodriguez
2.3 STREET ADDRESS 11165 S.W. 112 Terrace
2.4 CITY-ST-ZIP Miami, Fla. 33176

3.1 TITLE ST ☐ Change ☒ Addition
3.2 NAME Vincent Rodriguez
3.3 STREET ADDRESS 14566 S.W. 112 Street
3.4 CITY-ST-ZIP Miami, Fla. 33186

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-20-99

CR2E034 (11/98)

0148929