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

DOCUMENT 1. Corporation Name	#	P9700009572	1
1, Corporation Name			

CORVO RECORDS, INC.

Principal Place	e of Business	Mailing Address		<u></u>			
4237 SW 154TH COURT P. O. BOX 831207 MIAMI FL 33283 3 1 8 MIAMI FL 33283							
US		US			DO NOT WRITE IN 1	THIS SPACE	
					3. Date Incorporated or Qualifed		
					11/06/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			65-0792556		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	±
City & Stat	ie	City & State —			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	to Fees
Zíp	Country	Zip	Country	!	8. This corporation owes the current year		
24 33	25	29 . 30	L		Personal Property Tax.		□No
ļ	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registe	red Agent	
GAR	CIA, EDWARD		181				_
	HEE PONDIST		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		(
,,,,	E CORAL EL 22010			423	17 5W 134"	-lour	T
	E-SOTAL I E-SOS TO		83	1			- 1
			84	City		FL 85 Zip C	31X2 L
SIGNATURE	Myan	EDWARD GRANCIA 1	Kres.	e-named corp the corporation	oration submits this statement for the purposon's board of directors. I hereby accept the a	e of changing its ppointment as rec	gistered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	P	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	GARCIA, EDWARD		1.2 NAME				i
STREET ADDRESS	4237 SW 154TH COURT		1.3 STREE	TADDRESS			}
CITY-ST-ZIP	MIAMI FL-33283 3318	<	1.4 CITY-S	T-ZIP			1
TITLE	S GARCIA	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	SHELLY-GARUA, STEFANIE R.		2.2 NAME				1
STREET ADDRESS	A227 SW 16ATH COURT		2.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 89288 3312	2	2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	*	•	3.2 NAME		•		· [
STREET ADDRESS			3.3 STREET	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DÉLETE	4.1 TITLE	.		☐ Change	☐ Addition \
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREE	TADDRESS			
CITY+ST-ZIP	<u> </u>		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	·		5.3 STREET				1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			ļ

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 of supplemental annual report of 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 receiper 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 or my attachment without address, with all other like empowered:

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

Addition

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90014 049 ***150.00

O COMPINADO DER ENTEN HANDE RANNE ANDER MARLE NORTH ENTEN ANDER ENTEN ENTEN EINEN EINE HAND EINE FRANKE FRANKE