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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

May 29 1998 8:00am

Secretary of State

DOCUMENT #

P97000100302

EL EDEN RECORDS ENTERPRISES, INC Principal Place of Business El Eden Relords Enterprise, Inc. DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified N. Miami Beach 2. Principal Place of Business Applied For 21 Not Applicat Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ziρ Country Country This corporation owes or has paid the current year Intangible Yes □ Ño Personal Property Tax due June 30. 24 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Manuel Vesus Charles Name 116 NE 162 St. N. Miami Beach, Fla. 33162 Street Address (P.O. Box Number is Not Acceptable) Zip Code 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registured agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1 4 CITY - ST - ZIP 21 TITLE Change TILE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2:4 CITY-ST-ZIP CITY-S1-ZIP Change **□ λ**ι. TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change TI M NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6 I TITLE ☐ Change TITLE MALAF 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this Isling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I fürther 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 it made under oath; that I am 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 it Block 12 or Block 13 if changed, or on an attachment with an address.