PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100302

EL EDEN RECORDS ENTERPRISES, INC.

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90015 038 ***150.00



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|---|--|--|------------------|--|--------------------|--|--|---|---|
| Principal Place of Business Mailing Address | | | | | | | INSSEMBLE IN NOVAL SON | JI OGITI BOLDO III | (# 8 8 14 8 11 8 1 1 88 1 |
| 116 N.E. 162ND ST. 116 N.E. 162ND ST. | | | | | | | , | | |
| NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL | | | | | | | | | |
| | • | , | | | | DO NOT | WRITE IN THE | S SPACE | |
| | | | | | | 3. Date Incorporated or Qua | lifed | | |
| | | | | | | 11/24/1997 | | | |
| Principal Place of Business Za. Mailing Address | | | | | | 4. FEI Number | ***** | I A | pplied For |
| 21 26 | | | | | • | 65-0802770 | | - | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | | Additional |
| 27 | | | | | | 5. Certifcate of Status Desir | , ∐ be | | equired |
| City & State City & State | | | | | | 6. Election Campaign Finan | oina ··· | | May Be |
| 23 | | | | | | Trust Fund Contribution | | • | to Fees |
| Zip Country Zip | | | Coun | trv | | | | | io rees |
| 24 | 25 29 | | | , | | This corporation owes the Personal Property Tax. | current year if | Tangible Yes | □No |
| | 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of N | ou Booletess | | |
| | | A STATE OF THE STA | | 81 | Name | 10. Name and Address of N | ew Registeret | Agent | |
| CH. | ARIES MANUEL I | • | ľ | ٠. | Hame | | ** | | |
| 116 N.E. 162ND ST. | | | | 82 Street Address (P.O. Box Number is Not Acceptable | | | ceptable) | ** | |
| NORTH MIAMI BEACH FL 33162 | | | L | \perp | | A SAN THE SAN | | | e in the manager and |
| 110 | TITT WILKING DEACTT L 33 102 | | 1 | 83 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 经经 经制度 | | |
| | | | - | | O'L. | | <u>) n 320 l 35/6/17</u> | 1 2 7 (2) 6 (2) | i kelis ili ili. |
| 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | W | | ' | 84 | City | | Fi | 85 Zip | Code "" " |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Stat | utes, the abo | ove- | named corpo | pration submits this statement for | the purpose o | f changing its | registered |
| OHICE OF | registered agent, or both, in the State of am familiar with, and accept the obligation | i Fiorida. Such chande was | authorized i | bv ti | he corporation | n's board of directors. I hereby a | ccept the appo | intment as re | egistered |
| | * | ons of, Section 607.0505, r | lorida Statut | es. | | • • | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NO | TE: Desistered 4 | | | when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | | | gent | signature required | ADDITIONS/CHANGES TO | DATE | ND DIDECT | DDC IN 40 |
| TITLE | P/D | DELETE | 13. | | | ADDITIONS/CITANGES TO | · OFFICERS A | Change | Addition |
| NAME | CHARLES, MANUEL J | | | | ļ | g the history is the high | | □ Change | L Addition |
| • | 444 11 = 44411 000 | • | 1.2 NAM | | Ì | | , | | ' ' |
| STREET ADDRESS | | • | | | ADDRESS . | • | | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | | 1.4 CiTY | | ZIP | | | | |
| TITLE | S/D | ☐ DELETE | 2,1 TITL | E | | • | | ☐ Change | ☐ Addition |
| NAME | NUNEZ, MARIA I | | 2.2 NAM | Œ | 1 | • | • | • | |
| STREET ADDRESS | 116 N.E. 162ND ST. | | 2.3 STR | EETA | DDRESS | | ÷ | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | Lawy Control | 2.4 CIT | Y-ST- | .7IP | | • | | J |
| TITLE, | The second secon | - DELETE | 3.1 TITLE | | - . | | ·. · | Change | ☐ Addition |
| NAME: | MERISTER | the 3 | 3.2 NAM | | Ì | • | | | |
| STREET ADDRESS | 数约的经现在分 别。 | N. | | | DDRESS | • | | | |
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| CITY-ST-ZIP TITLE | | ☐ DELETE | 3.4. CITY | | ZIP | | . 441 | . <i> </i> | 35.5 11.35 |
| | | I'' DELETE | 4.1 TITLE | | | | to the state of th | Change ' | Addition |
| NAME | - (T | | 4. 2 NAM | Œ . | | | | | |
| STREET ADDRESS | 程则是在 1000000000000000000000000000000000000 | State of the state of | 4.3 STRE | EETA | DDRESS | | | | ļ |
| CITY-ST-ZIP | | <u> </u> | 4.4 CITY | - ST- 2 | ZIP . | | | | |
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| NAME | · · · · · · · · · · · · · · · · · · · | | 5.2 NAME | Ε | , | 1 to 4 come a | | - | _ |
| STREET ADDRESS | | | 5.3 STRE | ETA | DDRESS | | | | |
| CITY-ST-ZIP | P10 | | 5.4 CITY- | | . 1 | 80 (600) | | · , | |
| TITLE | रिक्रमुंके प्रदेश करें के लें जा है। | ☐ DELETE | 6.1 TITLE | | - | The second secon | · · · · · · · · · · · · · · · · · · · | Change | ☐ Addision |
| NAME | 18 NA PROPERTY | | 6.2 NAME | | ' | | | ☐ Change | Addition |
| | British Calabara (1) - Bris Let | | | | DODESC | | | | ſ |
| STREET ADDRESS | | | 6.3 STRE | :∈ ſAl | DURESS | | | | |
| CITY-ST-ZIP | 多数 4 4 4 4 5 6 7 7 7 7 7 | The second se | 6.4 C/TY- | | _ ! | | | | |

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 tuglee 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

WHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

for 7-99 Date Day

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