FI AING FEE A	AFTER MAY 1ST IS \$550.00
	FLORIDA DEPARTMENT OF ST
COLON	Katherine Harris
ANNUAL REPORT	Secretary of State
40007000	DIVISION OF CORPORATION

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DOCUMENT # P98000C	55574
1. Corporation Name E. S. I. Recording	Studios, Inc.



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address		+	
3326 Hary Street, #602 3326 Coconut Grove, FL 33133 Coconu	Hary Street# it Grove, FL	602	
Paramet Grove El 22/22 COMPA	it Grove, FL	DO NOT WRITE IN THIS SPAC	E
33/3		-	
	<i>J 5.</i>	06/22//998 4. FEI Number	Applied For
2. Principal Place of Business 23. 33.26 Hary Street 26. 33.26 Ha	ary Street	65-0844440	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	-/.	-/ \$8.	.75 Additional
602 27 602		5. Certificate of Status Desired F	ee Required
City & State Coconut Grove FL 28 Coconut 6	prove , FL	I I I '	5.00 May Be
Zip Country Zip	Country	8. This corporation owes the current year Intangible	_
33/33 25 U. S. A 29 33/33 30	OUSA.	Personal Property Tax.	s 🗆 No
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent	
Jorge Koppel	(Valle		
Jorge Koppel 3326 Hary Street, Suite 60	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
3326 Mary Street, Suit 60	83		
Coconut brove FL 33133	84 City	85	Zip Code
		<u>FL </u>	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth 	iorized by the corporation	eration submits this statement for the purpose of changin n's board of directors. I hereby accept the appointment	ng its registered as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida	a Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required	when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRI	ECTORS IN 12
IILE PID CELETE	1,1 TITLE	Ch	ange
Jorge Roppel trust Suite 602	1.2 NAME		
ST-ZIP Coconcet Grove FL 33/33	1,3 STREET ADDRESS		
ILLE VID DELETE	1.4 CITY-ST-ZIP	□ Ch	ange
Frank Kanad	2.2 NAME	<u> </u>	
3326 Hary Street, Swite 602	2.3 STREET ADDRESS	60000353888	354
ST. ZIP Coconut Grove FL 33/33	2.4 CITY-ST-ZIP	-05/04/000100][==UU[== sasa100 70
J DELETE	3.1 TITLE	 ****158. /'5 - 続	ange Addition
Constanza Koppel	3.2 NAME		
- HADDRESS 3326 Hary Street, Suite 602	3.3 STREET ADDRESS		
ST-ZIP Openut Grove FL 33/33	3.4. CITY-ST-ZIP	□ Ch	ange Addition
Constant of Konnal	4.1 TITLE 4.2 NAME		ange
Hard Street Suite 602	4.3 STREET ADDRESS		ļ
Constanza Eko poch LAMBRESSI 33 26 Harry Street Suite 602 ST-ZIP COCONUS Grove, FL 33133	4.4 CITY-ST-ZIP	٨	, }
DELETE	5.1 TITLE	4 450	ange Addition
- ,	5.2 NAME	<i>∧ (1 () \</i>	
ADDRESS	5.3 STREET ADORESS	/N 1 1 IV	
··· ST-ZIP □ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	/ / A O chi	ange Addition
, DELETE	6.2 NAME	() CIR	ange [] Auditon
	6.3 STREET ADDRESS		Ì
ST-ZIP	6.4 CITY-ST-ZIP		
I hereby certify that the information supplied with this filing does not qualify for the	e evemntion stated in Se	ection 119 07(3)(i) Florida Statutes, Lifurther 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.