


ST IS \$650.00

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90099 038 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000091082**

1. Corporation Name

**LIDERES RECORDS, INC.**

<b>Principal Place of Business</b> 3191 CORAL WAY SUITE 110 MIAMI FL 33145		<b>Mailing Address</b> 3191 CORAL WAY SUITE 110 MIAMI FL 33145		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 10/27/1998	
<b>4. FEI Number</b>		<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>9. Name and Address of Current Registered Agent</b> MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>CASTILLO, FELIX</b> <b>625 UNIVERSITY DRIVE</b> <b>CORAL GABLES FL 33134</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>RODRIGUEZ MIRANDA, RODOLFO</b> <b>3191 CORAL WAY SUITE 110</b> <b>MIAMI FL 33145</b>		<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>DELETE</b>		<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>DELETE</b>		<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>DELETE</b>		<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>DELETE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>DELETE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>DELETE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

felix Castillo

 1/22/99 (30) 442-7273  
 Date Daytime Phone #

CR2E034 (1/198)