FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)S99686 EX-IT RECORDS, INC. Principal Place of Business Mailing Address 25 EAST 9 COURT 25 EAST 9 COURT HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1991 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 3195 B 3195 S.W. 65-0345552 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 8. This corporation owes or has paid the current year Intangible Country SDAC Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARCIA, JORGE SALLIA 25 EAST 9 COURT Street Address (P.O. HIALEAH FL 33010 83 Zip Code 33 135 502 and 607.1508, Flyrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ite of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered agent, agent. I am familiar with, a Happic able Signature typed or c ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ICERS AND DIRECTORS 12. 13 DELETE Change 11TITLE TITLE GARCIA, JORGE 1.2 NAME NAME 25 EAST 9 COURT 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 City-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - 2IP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this fillor indicated on this annual roport or suppliemental annual report or suppliemental annual report of the receiver or trus Block 12 or Block 13 if changed, or on an attachment with

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oes not qualify for the exclusion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in