

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M52943

(1)

1. Corporation Name  
2100 CORPORATION

Principal Place of Business  
2100 NW NORTH RIVER DRIVE  
MIAMI FL 33125

Mailing Address  
2100 NW NORTH RIVER DRIVE  
MIAMI FL 33125-2222



3. Date Incorporated or Qualified  
05/29/1987

3a. Date of Last Report  
01/24/1996

2. Principal Place of Business  
21 2100 NW. N. River Dr  
Suite, Apt. #, etc.

2a. Mailing Address  
26 SAME  
Suite, Apt. #, etc.

4. FEI Number  
59-2807072

Applied For  
Not Applicable

22 City & State  
23 MIAMI FLA

27 City & State  
28

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 33125  
25 040E

29  
30

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, WILLIAM C. JR.  
501 BRICKELL KEY DRIVE  
SUITE 208, COURVOISIER CENTRE  
MIAMI FL 33131

81 Name  
DAN R. HARDIE

82 Street Address (P.O. Box Number is Not Acceptable)  
2917 S.W. 5<sup>th</sup> AVE.

83

84 City  
MIAMI

FL

85 Zip Code  
33129

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.

SIGNATURE  
Dan R. Hardie DAN R. HARDIE

DATE  
1-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
HARDIE, NANCY  
2917 SW 5 AVE  
MIAMI FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP  
☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Nancy Hardie NANCY HARDIE - PRES. 1-7-97 (305) 325-0233

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

0163875

CR2E034 (9/96)