2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-14-2004 90010 004 ****74.90
– N02000003716

DOCUMENT # N02000003716

1. Entity Name

THE DRAMA ART CENTER INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 10 AM 8:00

REINSTATEMENT 03-04 MRI

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
11631 NW 7TH AVE MIAMI FL 33168	11631 NW 7TH AVE MIAMI FL 33168

2. Principal Place of Business: SAME
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANTOINE-CHAPIESKY, LISNA
~~1305 NW 203 ST~~ 1255 NW 1 Ave
~~MIAMI FL 33169~~ MIAMI, FL 33168

7. Name and Address of New Registered Agent

Name LISNA ANTOINE-CHAPIESKY
Street Address (P.O. Box Number is Not Acceptable)
1255 NW 1 AVE
City MIAMI FL Zip Code 33168

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lisna Antoine Chapiesky 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANTOINE-CHAPIESKY, LISNA 1305 NW 203 ST MIAMI FL 33169	☐ Delete	TITLE MD NAME Jeffrey Poitier STREET ADDRESS 1305 NW 203 Street CITY-ST-ZIP Miami FL 33169.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANTOINE, YOLETTE 3357 SW 175 AVE MIRAMAR FL 33029	☐ Delete	TITLE Entre Prener NAME Laverne Caplan STREET ADDRESS 11633 NW 7 Ave CITY-ST-ZIP Miami FL 33168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WASGHINTON, DEIDRE 5750 COLLINS AVE 3B MIAMI BEACH FL 33140	☐ Delete	TITLE D NAME Jimmy St Surin STREET ADDRESS 3537 S.W. 175 Ave CITY-ST-ZIP MIRAMAR FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANTOINE, JEANNEATTE 1305 NW 203 ST MIAMI FL 33169	☐ Delete	TITLE D NAME James St Surin STREET ADDRESS 3537 S.W. 175 Ave CITY-ST-ZIP Miramar FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME Lavern Kaplan STREET ADDRESS 11633 NW 7 Ave CITY-ST-ZIP Miami FL 33168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME 300038020603 STREET ADDRESS 06/16/04--01057--007 **306.25 CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisna Antoine Chapiesky 06/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #