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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000002688 (6)

1. Corporation Name

BUFFALO SOLDIERS PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

3964 NW 167 ST
MIAMI FL 33054

3964 NW 167 ST
MIAMI FL 33054

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

65-0748134

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JULIUS, COLLEEN
19101 NW 11 ST
PEMBROKE PINES FL 33029

81 Name SHARON COLLINS

82 Street Address (P.O. Box Number is Not Acceptable)
20732 S.W. 119th PLACE

83

84 City MIAMI

FL

85 Zip Code 33177

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sharon M. Collins

SHARON M. COLLINS

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President - D
NAME VERNELL WILSON
STREET ADDRESS 8240 N.E. 3rd Ave
CITY-ST-ZIP MIAMI, Florida 33138

1.1 TITLE President - D
1.2 NAME VERNELL WILSON
1.3 STREET ADDRESS 8240 N.E. 3rd Ave
1.4 CITY-ST-ZIP MIAMI, FL 33138

TITLE Vice President - D
NAME ANTONIO CHESTNUT
STREET ADDRESS 1732 NW 5 Ave
CITY-ST-ZIP MIAMI, FL 33136

2.1 TITLE Vice President
2.2 NAME Antonio Chestnut - D
2.3 STREET ADDRESS 1732 NW 5 Ave
2.4 CITY-ST-ZIP MIAMI, FL 33136

TITLE Antoinette Moss
NAME Antoinette Moss
STREET ADDRESS 8623 NW 35 Place
CITY-ST-ZIP MIAMI, Florida 33147

3.1 TITLE Antoinette Moss
3.2 NAME Antoinette Moss
3.3 STREET ADDRESS 8623 NW 35 Place
3.4 CITY-ST-ZIP MIAMI, Florida 33147

TITLE Gloria Williams - T
NAME Gloria Williams
STREET ADDRESS 14240 S.W. 106 CT
CITY-ST-ZIP MIAMI, Florida 33176

4.1 TITLE Gloria Williams
4.2 NAME Gloria Williams
4.3 STREET ADDRESS 14240 S.W. 106 CT
4.4 CITY-ST-ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Verneell Wilson 2/10/98

CR2E037 (10/97)