

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 13, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000042247 (5)**

1. Corporation Name

POOR BOYS ENTERTAINMENT, INC.



Principal Place of Business

Mailing Address

**19841 SW 114 AVE
UNIT 309
MIAMI FL 33157**

**19841 SW 114 AVE
UNIT 309
MIAMI FL 33157**

3. Date Incorporated or Qualified
06/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0418088

☒ Applied For
☐ Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

29

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

**THE LAW FIRM OF LAWRENCE J SPIEGEL
AMERILAWYERS
343 ALMERIA AVE
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

**P
JOHNSON, ALRIC**

1.2 NAME

STREET ADDRESS

19841 SW 114 AVE #309

1.3 STREET ADDRESS

CITY- ST- ZIP

MIAMI FL 33157

1.4 CITY- ST- ZIP

TITLE

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

**ST
JOHNSON, CEDRIC**

2.2 NAME

STREET ADDRESS

PO BOX 380305 N/A

2.3 STREET ADDRESS

CITY- ST- ZIP

MIAMI FL 33238

2.4 CITY- ST- ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

SIGNATURE: *Alric Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)