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May 05 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 # P95000082449 (6)

1. Corporation Name

BOOTLEG PROMOTIONS, INC.

Principal Place of Business

1480 N.E. 129TH ST.
NORTH MIAMI FL 33161

Mailing Address

1480 N.E. 129TH ST.
NORTH MIAMI FL 33161-4409

3. Date Incorporated or Qualified
10/26/1995

3a. Date of Last Report
07/26/1996

2. Principal Place of Business

21 15455 W. DIXIE HWY

Suite, Apt. #, etc.

22 A

City & State

23 N. MIAMI BEACH, FL

Zip

24 33162

Country

25 USA

2a. Mailing Address

26 15455 W. DIXIE HWY

Suite, Apt. #, etc.

27 A

City & State

28 N. MIAMI BEACH, FL

Zip

29 33162

Country

30 USA

4. FEI Number
65-0617977

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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

DUQUE, SAMUEL
1480 N.E. 129TH ST.
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name PAUL A. KOPROWSKI CPA

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

10031 PINES BLVD #224

83

84 City PEMBROKE PINES

FL

85 Zip Code 33024

11. Pursuant to the provisions of Sections 607.0132 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 *Paul A. Koprowski* PAUL A. KOPROWSKI

4/16/97

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BURY, BRANDON
STREET ADDRESS 20735 N.E. 8 CT., #102
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ DELETE

NAME DUQUE, SAMUEL
STREET ADDRESS 6637 N.W. 178TH TERR.
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP; T; D. ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P; S; D. ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 *Brandon Bury* BRANDON BURY

4/16/97 (205) 947-8954

CR2E034 (9/96)