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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000091372 (9)

1. Corporation Name
203 CORPORATION



Principal Place of Business

9111 NW 27 AVENUE
MIAMI FL 33142
US

Mailing Address

P.O BOX 420769
MIAMI FL 33242-0769
US

3. Date incorporated or Qualified
11/29/1995

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

~~LOPEZ, ORLANDO~~
~~3111 NW 27 AVENUE~~
~~MIAMI FL 33242~~

81 Name
GILBERT A HERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable)
3111 NW 27 AVE
83
84 City MIAMI FL 85 Zip Code 33142

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

[Signature]

[Signature]

4/23/97

Printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HERNANDEZ, GILBERTO
STREET ADDRESS 3111 NW 27 AVENUE
CITY-ST-ZIP MIAMI FL 33142

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME CORREA, ABILIO
STREET ADDRESS 3111 NW 27 AVENUE
CITY-ST-ZIP MIAMI FL 33142

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ORLANDO LOPEZ
NAME
STREET ADDRESS 3111 NW 27 AVE S/D
CITY-ST-ZIP MIA FL 33142

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AMI FINDER
NAME
STREET ADDRESS 3111 NW 27 AVE D
CITY-ST-ZIP MIA FL 33142

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 any other attached document with an address.

SIGNATURE:

[Signature]

[Signature]

4/23/97 \$850.00

CR2E034 (9/96)