

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

AMENDED

97 OCT 13 11 00 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT #P95000091372 (9)

1. Corporation Name

203 CORPORATION

Principal Place of Business

3111 N.W. 27th AVE.
Miami, FL. 33142

Mailing Address

3111 N.W. 27th AVE.
Miami, FL. 33142

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

3. Date Incorporated or Qualified

11/29/1995

3a. Date of Last Report

03/05/1996

4. FEI Number

65-0631043

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

GILBERTO A Hernandez
3109 NW 27 AVE
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

FERNAND PIERRE-LOUIS

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

3111 N.W. 27th 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is not a registered agent and is not an officer or director

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

12 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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14 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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40 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exempt on stated in Section 119.07(3)(g) 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 or 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/97

305-885-0000

Date

Daytime Phone #

CR2E034 (9/96)