

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

FILED

Mar 27 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 #

1. Corporation Name

Bad Boy Entertainment Inc.

Principal Place of Business

Mailing Address

1001 Brickell ave #900
Miami, FL 33131

3. Date Incorporated or Qualified

3a. Date of Last Report

8/9/96

n/a

4. FEI Number

65-0685403

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

2. Principal Place of Business

2a. Mailing Address

21 20801 Biscayne Blvd.

26 Suite, Apt. #, etc.

22 400
City & State

27 City & State

23 Adventura, FL

28 Zip

24 33180

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Amerilawyer
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 607.0505, Florida Statutes.

SIGNATURE

(Signature of officer or director of corporation and, if applicable, of registered agent)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME William H. Shaw
STREET ADDRESS 1221 Brickell ave #900
CITY-ST-ZIP Miami, FL 33131

11 TITLE VP ☒ Change ☐ Addition
12 NAME Ivis Aleman
13 STREET ADDRESS 20801 Biscayne Blvd. #400
14 CITY-ST-ZIP Adventura, FL 33180

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE TRES. ☒ Change ☐ Addition
32 NAME Jorge Chaves
33 STREET ADDRESS 20801 Biscayne Blvd.
34 CITY-ST-ZIP Adventura, FL 33180

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Secretary ☒ Change ☐ Addition
52 NAME Lynval Evans
53 STREET ADDRESS 20801 Biscayne Blvd.
54 CITY-ST-ZIP Aventura, FL 33180

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 is based on the 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

David Iacovetti 3/17/97 (305) 936-8553

CR2E034 (9/96)