

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000010640 (8)**
1. Corporation Name
201 CORPORATION



Principal Place of Business
**3109 N.W. 27TH AVE
MIAMI FL 33142**

Mailing Address
**P.O. BOX 420769
MIAMI FL 33242**

3. Date Incorporated or Qualified **02/03/1994** 3a. Date of Last Report **11/17/1995**

4. FEI Number **65-0476320** 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 **3109 N.W. 27 Ave.** 26 **P.O. Box 420769**
State, Apt. #, etc. State, Apt. #, etc.

22 **Miami, Fl.** 27 **Miami, Fl.**
City & State City & State

24 **33142** 25 **U.S.A.** 29 **33242** 30 **U.S.A.**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**HERNANDEZ, GILBERTO A
3109 N.W. 27TH AVE
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name **Orlando Lopez**

82 Street Address (P.O. Box Number is Not Acceptable)
3109 N.W. 27 Ave.

83

84 City **Miami, FL** 85 Zip Code **33142**

11. Pursuant to the provisions of Sections 607.002 and 607.1505, 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 provisions of, Section 607.0905, Florida Statutes.

SIGNATURE *[Signature]* **Orlando Lopez D** 2-21-96

12. OFFICERS AND DIRECTORS

1. TITLE DELETE
NAME **P LOPEZ, MANOLO**
STREET ADDRESS **3109 N.W. 27TH AVE**
CITY-STATE-ZIP **MIAMI FL 33142**

2. TITLE DELETE
NAME **S PEREZ, SIXTOO**
STREET ADDRESS **3109 N.W. 27TH AVE**
CITY-STATE-ZIP **MIAMI FL 33142**

3. TITLE DELETE
NAME **T HERNANDEZ, GILBERTO F**
STREET ADDRESS **3109 N.W. 27TH AVE**
CITY-STATE-ZIP **MIAMI FL 33142**

4. TITLE DELETE
NAME **D PIERRE-LOUIS, FERNAND F**
STREET ADDRESS **3109 N.W. 27TH AVE**
CITY-STATE-ZIP **MIAMI FL 33142**

5. TITLE DELETE
NAME **D ALFONSO, HERBERTO F**
STREET ADDRESS **3109 N.W. 27TH AVE**
CITY-STATE-ZIP **MIAMI FL 33142**

6. TITLE DELETE
NAME **D LOPEZ, ENRIQUE F**
STREET ADDRESS **3109 N.W. 27TH AVE**
CITY-STATE-ZIP **MIAMI FL 33142**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

3. TITLE Change Addition
3. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

4. TITLE Change Addition
4. NAME
4. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE Change Addition
5. NAME **D GONZALEZ, CRISTOBAL**
5. STREET ADDRESS **3109 N.W. 27 Ave.**
5. CITY-STATE-ZIP **Miami, Fl. 33142**

6. TITLE Change Addition
6. NAME **D LOPEZ, ORLANDO**
6. STREET ADDRESS **3109 N.W. 27 Ave**
6. CITY-STATE-ZIP **Miami, Fl. 33142**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an attachment with an address.

SIGNATURE: *[Signature]* **Orlando Lopez D** 2-21-96 305 885 0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing #

CR2E034 (12/95)