

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

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 420789 MIAMI FL 33242-0789
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3. Date Incorporated or Qualified 02/03/1994	3a. Date of Last Report 02/27/1996
4. FEI Number 65-0476320	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

~~LOPEZ ORLANDO~~
~~3109 N.W. 27TH AVE~~
~~MIAMI FL 33142~~

10. Name and Address of New Registered Agent

81 Name **LOPEZ MANOLO**

82 Street Address (P.O. Box Number is Not Acceptable)
3109 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: *Manolo Lopez* **MANOLO LOPEZ** 3/27/97
Signature typed or printed name of registered agent applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	LOPEZ, MANOLO
STREET ADDRESS	3109 N.W. 27TH AVE
CITY-ST-ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> DELETE
NAME	Perez, Octavio T/D
STREET ADDRESS	3109 N.W. 27TH AVE
CITY-ST-ZIP	MIAMI FL 33142
TITLE	S/D <input type="checkbox"/> DELETE
NAME	HERNANDEZ, GILBERTO F S/D
STREET ADDRESS	3109 N.W. 27TH AVE
CITY-ST-ZIP	MIAMI FL 33142
TITLE	D <input type="checkbox"/> DELETE
NAME	PIERRE-LOUIS, FERNAND F
STREET ADDRESS	3109 N.W. 27TH AVE
CITY-ST-ZIP	MIAMI FL 33142
TITLE	D <input type="checkbox"/> DELETE
NAME	GONZALEZ, CRISTOBAL
STREET ADDRESS	3109 N.W. 27TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LOPEZ, ORLANDO
STREET ADDRESS	3109 N.W. 27TH AVE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	ENRIQUE LOPEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3109 NW 27 AVE T-D
2.3 STREET ADDRESS	MIAMI FL 33142
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Orlando Lopez* **Orlando Lopez** 4/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0286142

CR2E034 (9/96)