

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

**97 MAY 22 PM 12:35**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

**DOCUMENT # P96000103444**  
 1. Corporation Name

**161 Corp.**

Principal Place of Business: **161 Almeria Ave. Coral Gables, FL 33134**  
 Mailing Address: **c/o NICHOLS BROSCHE SANDOVAL & ASSOCIATES, INC. 2600 Douglas Road, Suite 900 Coral Gables, FL 33134**

3. Date Incorporated or Qualified: **12/24/96** 3a. Date of Last Report: **-----**  
 4. FEI Number: **65-0737053** 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: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
 2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**Stuart D. Ames  
 2200 Museum Tower  
 250 West Flagler Street  
 Miami, FL 33130**

10. Name and Address of New Registered Agent  
 81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_ 85 Zip Code: **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	Nichols, John R.	
STREET ADDRESS	2600 Douglas Road, Suite 900	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	Nichols, John R.	
STREET ADDRESS	2600 Douglas Road, Suite 900	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Brosch, Bruce F.	
STREET ADDRESS	2600 Douglas Road, Suite 900	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Sandoval, Gregory P.	
STREET ADDRESS	2600 Douglas Road, Suite 900	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Nichols, Lorraine	
STREET ADDRESS	2600 Douglas Road, Suite 900	
CITY-ST-ZIP	Coral Gables, FL 33134	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	

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 \*\*\*\*\*173.75 \*\*\*\*\*173.75

*5/22/97*

14. I, the undersigned, certify that the information furnished herein is true and accurate and that the same shall have the same legal effect as if made under oath; that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes; and that my name and address are as shown above.

SIGNATURE: **John R. Nichols, President** **John R. Nichols, President** 5-1-97 (305) 443-5206  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25034 (9/96)