

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

FILED

**Feb 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103444 (1)
1. Corporation Name
161 CORP.



Principal Place of Business 161 ALMERIA AVENUE CORAL GABLES FL 33134	Mailing Address % NICHOLS BROSCHE SANDOVAL & ASS. INC. 2600 DOUGLAS ROAD, SUITE 900 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/1996	
21		26	161 Almeria Avenue	4. FEI Number 65-0737053	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	Coral Gables, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	33134	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Dade		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
AMES, STUART D 2200 MUSEUM TOWER 250 WEST FLAGLER STREET MIAMI FL 33130				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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, JOHN R	1.2 NAME	NICHOLS, JOHN R
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 900	1.3 STREET ADDRESS	161 ALMERIA AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSCHE, BRUCE F	2.2 NAME	BROSCHE, BRUCE F
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 900	2.3 STREET ADDRESS	161 ALMERIA AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDOVAL, GREGORY P	3.2 NAME	SANDOVAL, GREGORY P
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 900	3.3 STREET ADDRESS	161 ALMERIA AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, LORRAINE	4.2 NAME	NICHOLS, LORRAINE
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 900	4.3 STREET ADDRESS	161 ALMERIA AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 supplement 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 registered agent authorized 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 to this report.

SIGNATURE: _____

CR2E034 (10/97)