

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

Amended

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 11 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010640 (8)

1. Corporation Name

201 Corporation

Principal Place of Business

3111 N.W. 27th Ave.
Miami, FL 33142

3111 N.W. 27th AVE.
MIAMI, FL. 33142

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

Maholb Lopez
3111 N.W. 27th Ave.
Miami, FL. 33142

3. Date Incorporated or Qualified
2/3/1994

3a. Date of Last Report
2/27/1996

4. FEI Number

65-0476320

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

Carlos Salvatierra

82

Street Address (P.O. Box Number is Not Acceptable)

3111 N.W. 27th 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

CARLOS SALVATIERRA, PRES.

9.5.97

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME	Salvatierra, Carlos		
13 STREET ADDRESS	3111 N.W. 27th Ave.		
14 CITY-ST-ZIP	Miami, FL. 33142		
21 TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME	Fernand Pierre-Louis		
23 STREET ADDRESS	3111 N.W. 27th Ave.		
24 CITY-ST-ZIP	Miami, FL. 33142		
31 TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME	Lopez, Orlando		
33 STREET ADDRESS	3111 N.W. 27th Ave.		
34 CITY-ST-ZIP	Miami, FL. 33142		
41 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME	Finder, Ami		
43 STREET ADDRESS	3111 N.W. 27th Ave.		
44 CITY-ST-ZIP	Miami, FL. 33142		
51 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME	Perez, Americo		
53 STREET ADDRESS	3111 N.W. 27th Ave.		
54 CITY-ST-ZIP	Miami, FL. 33142		
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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, Sec. 8-22-97 305 885 0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)