


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

FILED
Mar 23 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 # **P24612** (4)

1. Corporation Name
5.200 INVESTMENTS, LTD., INC.

Principal Place of Business

**8228 NW 68 ST
MIAMI FL 33168**

Mailing Address

**2 SOUTH BISCAYNE BLVD
SUITE 3400 ONE BISCAYNE TOWER
MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 555 S. Pompano Pkwy	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Pompano Beach FL	28
Zip	Zip
24 33069	25 U.S.A.
Country	Country
29	30

3. Date Incorporated or Qualified	Applied For
06/05/1989	Not Applicable
4. FEI Number	
65-0190929	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/> Yes	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/> Yes	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
VALDES-FAULI CORPORATE SERVICES, INC. 2 S BISCAYNE BLVD SUITE 3400 ONE BISCAYNE TOWER MIAMI FL 33131	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LAURIA L. JESUS A
STREET ADDRESS	2 SOUTH BISCAYNE BLVD SUITE 3400
CITY-ST-ZIP	MIAMI FL 33131
TITLE	S
NAME	CLARA, GARBATI M
STREET ADDRESS	2 SOUTH BISCAYNE BLVD, SUITE 3400
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D
NAME	DOMUS MANAGEMENT CORPORATION
STREET ADDRESS	PALM CHAMBERS #3
CITY-ST-ZIP	ROAD TOWN, TORTOLA, B.V.I.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

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 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:

[Signature] JESUS A. LAURIA 3/11/98 954-9684408

CR2E034 (10/97)