

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. Morham 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1994	3a. Date of Last Report 02/27/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0476320	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>LOPEZ, ORLANDO</del> <del>3109 N.W. 27TH AVE</del> <del>MIAMI FL 33142</del>				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* DATE: *4/25/97*  
Signature typed or printed name of registered agent applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P	LOPEZ, MANOLO		1.1 TITLE			
NAME		3109 N.W. 27TH AVE		1.2 NAME			
STREET ADDRESS		MIAMI FL 33142		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	P	PEREZ, ORLANDO		2.1 TITLE	ENRIQUE LOPEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3109 N.W. 27TH AVE		2.2 NAME	3109 NW 27 AVE T-D		
STREET ADDRESS		MIAMI FL 33142		2.3 STREET ADDRESS	MIAMI FL 33142		
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	S/D	HERNANDEZ, GILBERTO F		3.1 TITLE			
NAME		3109 N.W. 27TH AVE		3.2 NAME			
STREET ADDRESS		MIAMI FL 33142		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	D	PIERRE-LOUIS, FERNAND F		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3109 N.W. 27TH AVE		4.2 NAME			
STREET ADDRESS		MIAMI FL 33142		4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	D	GONZALEZ, CRISTOBAL		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3109 N.W. 27TH AVE		5.2 NAME			
STREET ADDRESS		MIAMI FL		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	D	LOPEZ, ORLANDO		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3109 N.W. 27TH AVE		6.2 NAME			
STREET ADDRESS		MIAMI FL		6.3 STREET ADDRESS			
CITY-ST-ZIP				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* DATE: *4/25/97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)