

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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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
85 Zip Code	FL 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: *[Signature]* CARLOS SALVATIERRA, PRES. DATE: 9.5.97

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	600002292246-6	
63 STREET ADDRESS	-09/12/97--01125--005	
64 CITY-ST-ZIP	*****61.25 *****61.25	

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: *[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)