

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000090989 (1)**

1. Corporation Name  
**2401, INCORPORATED**



Principal Place of Business: **UNIT 2401 AND 2402 OF BRISTOL TOWER 2127 BRICKELL AVE. MIAMI FL 33129**  
Mailing Address: **UNIT 2401 AND 2402 OF BRISTOL TOWER 2127 BRICKELL AVE. MIAMI FL 33129**

3. Date Incorporated or Qualified: **11/30/1995**  
3a. Date of Last Report: **N/A**  
4. FET Number:  Applied For,  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CRONIG, STEVEN C  
300 COURVOISER CENTRE  
501 BRICKELL KEY DRIVE  
MIAMI FL 33131-2623**

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, Sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>RIPSTEIN, SYLVIA</b>		2. NAME	
STREET ADDRESS: <b>2127 BRICKELL AVE. UNIT 2401</b>		3. STREET ADDRESS	
CITY-STATE-ZIP: <b>MIAMI FL 33129</b>		4. CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		6. NAME	
STREET ADDRESS: <input type="checkbox"/> DELETE		7. STREET ADDRESS	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		8. CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		10. NAME	
STREET ADDRESS: <input type="checkbox"/> DELETE		11. STREET ADDRESS	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		12. CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		14. NAME	
STREET ADDRESS: <input type="checkbox"/> DELETE		15. STREET ADDRESS	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		16. CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		18. NAME	
STREET ADDRESS: <input type="checkbox"/> DELETE		19. STREET ADDRESS	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/8/96* *305-860-8586*  
Date Daytime Phone #

CR2E034 (12/95)