

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

FILED
Mar 26 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 # P97000039930 (7)

1. Corporation Name

THE 200 CLUB, INC.

Principal Place of Business

4065 NW 4 ST
MIAMI FL 33126

Mailing Address

4065 NW 4 ST
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

65-0751455

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SUASTEGUI, CARLOS
4065 NW 4 ST
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

PEDRO M. ALVAREZ

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

8361 S.W. 32 TERR

83

84 City

MIAMI

FL

85 Zip Code

33134

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 publications 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

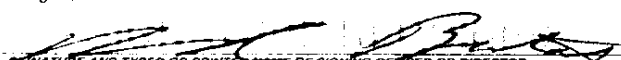
12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUASTEGUI, CARLOS	
STREET ADDRESS	4065 NW 4 ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	PRESIDENT
1.2 NAME	CAMILO R. BERTO
1.3 STREET ADDRESS	9920 SW 25 ST
1.4 CITY-ST-ZIP	MIAMI FL 33164
2.1 TITLE	VICE PRESIDENT
2.2 NAME	CAMILO AGUIRRE
2.3 STREET ADDRESS	1435 LAKE CANDLEWOOD
2.4 CITY-ST-ZIP	MIAMI LAKES FL 33014
3.1 TITLE	TREASURER
3.2 NAME	PEDRO M. ALVAREZ
3.3 STREET ADDRESS	8361 SW 32 TERR
3.4 CITY-ST-ZIP	MIAMI FL 33134
4.1 TITLE	SECRETARY
4.2 NAME	RENE B. PEREDA
4.3 STREET ADDRESS	8301 SW 32 TERR
4.4 CITY-ST-ZIP	MIAMI FL 33134
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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:



3/14/98 304-45714068

CR2E034 (10/97)