


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

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90044 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000039930**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8361 S.W. 32 TERR		2a. Mailing Address 26 8361 S.W. 32 TERR		3. Date Incorporated or Qualified 05/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0751455	
City & State 23 MIAMI FL		City & State 28 MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33155		Country 25 U.S.A		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 U.S.A		Country 30 U.S.A		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALVAREZ, PEDRO M
8361 S.W. 32 TERR.
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTOT, RAMIRO R	1.2 NAME	
STREET ADDRESS	9920 S.W. 22 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUIRRE, CAMILO	2.2 NAME	
STREET ADDRESS	14335 LAKE CANDLEWOOD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, PEDRO M	3.2 NAME	
STREET ADDRESS	8361 S.W. 32 TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREDA, RENE B	4.2 NAME	
STREET ADDRESS	8301 S.W. 32 TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CARLOS SUNSTEGUI
STREET ADDRESS		5.3 STREET ADDRESS	4065 NW 4 ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33126
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/99 305-5714168
Date Daytime Phone #

CR29034 (11/98)