

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N38825 (8)

1. Corporation Name
CENTER SYSTEMS, INC.

FILED
95 JUL 14 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
6701 SUNSET DR STE 104 SO MIAMI FL 33143 US	6701 SUNSET DR STE 104 SO MIAMI FL 33143 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1990	3a. Date of Last Report 02/03/1994
4. FEI Number 65-0241323	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1900 S. Harbor City Blvd Suite, Apt. #, etc. 22 Suite 328 City & State 23 Melbourne, FL Zip 24 32901	26 1900 S. Harbor City Blvd Suite, Apt. #, etc. 27 Suite 328 City & State 28 Melbourne, FL Zip 29 32901
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

ARROYO, ENRIQUE, ESQUIRE
~~6701 SUNSET DR~~
~~STE 104~~
~~SO MIAMI FL 33143~~

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3 Suite	B4 City	B5 Zip Code
	1900 South Harbor City Blvd.	Suite 328	Melbourne	FL 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FROGALE, WILLIAM
STREET ADDRESS	6812 JAMES MADISON HWY
CITY - ST - ZIP	HAYMARKET VA
TITLE	VP
NAME	ACOSTA, JOHN
STREET ADDRESS	250 MUNOZ RIVERA AVENUE, 10TH FLOOR
CITY - ST - ZIP	HATO REY PU
TITLE	VTS
NAME	LARUSSA, ERNESTO
STREET ADDRESS	PLAZA 17, ME 65, MARINA BAHIA
CITY - ST - ZIP	CATANO PU
TITLE	D
NAME	FISCHLER, ABRAHAM
STREET ADDRESS	3301 COLLEGE AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	CELA, JOSE
STREET ADDRESS	BOX 70325
CITY - ST - ZIP	SAN JUAN PR
TITLE	D
NAME	CAMPBELL, SAM M
STREET ADDRESS	3300 HOLCOMB BRIDGE ROAD, STE. 286
CITY - ST - ZIP	NORCROSS GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Cornelius Prior	
53 STREET ADDRESS	P.O. Box 6100, Charlotte Amalie	
54 CITY - ST - ZIP	St. Thomas, USVI	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: 7/7/95 Type: 809-7296215

CR2E037 (3/95)