

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

FILED
May 13 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 # P26807 (8)

1. Corporation Name
CENTURY MERCHANDISING CORP.



Principal Place of Business 8890 CORAL WAY SUITE 220 MIAMI FL 33165	Mailing Address 8890 CORAL WAY SUITE 220 MIAMI FL 33165
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7250 NW 58th STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI Zip 24 33166-2060 Country 25	2a. Mailing Address 26 7250 NW 58th STREET Suite, Apt. #, etc. 27 City & State 28 MIAMI Zip 29 33166-2060 Country 30
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3. Date Incorporated or Qualified 11/03/1989	4. FEI Number 13-1995845	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

XL CORPORATE SERVICES, INC.
344 OFFICE PLAZA
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THIEBERGER, ALFRED F.	
STREET ADDRESS	9 CAPTAINS LANE	
CITY-ST-ZIP	RYE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THIEBERGER, CAROL M.	
STREET ADDRESS	9 CAPTAINS LANE	
CITY-ST-ZIP	RYE NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSEN, MARY C.	
STREET ADDRESS	174 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MONTOYA, HUGO	
STREET ADDRESS	133-24 BLOSSOM AVE FLUSHING 11355	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C
4.3 STREET ADDRESS	MONTOYA, HUGO
4.4 CITY-ST-ZIP	133-24 BLOSSOM AVE. FLUSHING NY 11355
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 1907.9(v), 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 under Section 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Hugo Montoya**
Controller
 4/27/98 012-2434580

CR2E034 (10/97)