

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 21 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000015423 (4)

1. Corporation Name

CENTRAL INVESTMENT CORP.

Principal Place of Business

2728 NW 27TH AVE
MIAMI FL 33142

Mailing Address

2728 NW 27TH AVE
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/25/1994** 3a. Date of Last Report

4. FEI Number **65-0377975** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. The corporation has been or will be a foreign corporation **\$5.00 May Be Added to Fees**

8. The corporation has liability for intangible tax under s. 190.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

DONATE, LUIS
1893 CORAL RIDGE DR
CORAL SPRINGS FL 33071

9223 NW 41 MANOR
CORAL SPRING FL 33065

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 of Current Registered Agent (if filed of application)

(831)

Signature of New Registered Agent (required when changing)

(841)

OFFICERS AND DIRECTORS

ALL INDICES TO BE FILLED IN

12. TITLE	13. NAME	14. STREET ADDRESS	15. CITY, ST, ZIP
D	DONATE, LUIS	1893 CORAL RIDGE DR	CORAL SPRINGS FL 33071

16. TITLE	17. NAME	18. STREET ADDRESS	19. CITY, ST, ZIP
		9223 NW 41 MANOR	CORAL SPRING FL 33065

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)(b), Florida Statutes. I further certify that the information indicated on this 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 in an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/95 (30r) 341-0730.

CR2E034 (3/95)