**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## **FILED** Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90004 026 \*\*\*150.00

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	Name F30000	<b>+++</b>						
CENSTA	R CORPORATION							
02.10				1 (30)(10)	I BURR HORAL O BARR O DIPA TOGRI DO DI	HEREN AND THE	<b>                                   </b>	
Principal Place	of Business	Mailing Address		f fødilder ira	litige særer mitere amerik marer amerik	i Adribi desta distra	#1840 MA1 1841	
2250 S.W. 3RD	AVENUE	2250 S.W. 3RD AVENUE						
FIFTH FLOOR		FIFTH FLOOR			DO NOT WRITE IN THIS	SISPACE		
MIAM) FL 33129	)	MIANU FL 33129		3. Oate Incorporate		O Or HOL		ì
				01/16/1998				ĺ
2 Principal P	ace of Business	2a. Mailing Address	- W A		·	Ар	plied For	1
	N.W. 94" AVE.	2a. Mailing Address 26 /550 N.W.	94 ~ AV	F. 65-080	6007	, No	t Applicable	
Suite, Apl.		Suite, Apt. #, etc.	-	5. Certificate of Sta	tus Desired	\$8.75 A		
22		27		5. Certificate of Size		Fee Re	quired	ŀ
City & State		City & State	R	6, Election Campa	~ 11	\$5.00		
23 M A	<del> </del>	28 M; AM / ,		Trust Fund Con		Added to	0 Fees	l
24 321 7	Country CA	29 33172 30	Country	** ** ** ** This corporation Personal Proper	owes the current year in	Yes	□No	
24 27 1	9, Name and Address of Current	29   2 / / / \   30	0 27	10. Name and Add	ress of New Registered			
	S. Hallie and Address of Collect	redistated where	81 Name	10. 10.10				•
RAM	OS, JORGE H PA		20 0	Addison (D.O. Day Northern	in hint Accomtable)	<u> </u>		İ
2250	S.W. 3RD AVENUE		82 Street	Address (P.O. Box Number	is Not Acceptable)	١		
FIFTI	H FLOOR		83			·		
MIAI	AI FL 33129		84 City	. <u> </u>		85 Zip C	2ode	
			1 1		F1	_   -		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, ti	he above-named	corporation submits this sta	tement for the purpose o	d changing its	registered histered	Į
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes.	District S Dodice Of Cirectors.	, northly account and appe	A,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	l
SIGNATURE								١.
	Signature, typed of printed name of registered agent			equired when reinstating)	NGES TO OFFICERS A	NO DIRECTO	RS IN 12	é
12.	OFFICERS AN		13.	*************************************	NGES TO OFFICENS A			
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1	2250 S.W. 3RD AVENUE MIAMI FL 33129		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	MIDAL WA	77116			E034 /11
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CITY-ST-ZIP 14. Hereby certify that the information supplied with this filing does not quality 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.

6.4 CITY-ST-ZIP

_SIGNATURE:	-

	- Al	fredo	F-DIAZ
SIGNATURE AND TYPED OR PRINTED M	AME OF SIGNING OFFICE	OR DIRECTOR	