

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # P93000059829 (0)

1. Corporation Name

CENTURY INTERNATIONAL ARMS CORPORATION



Principal Place of Business

Mailing Address

1161 HOLLAND DRIVE
SUITE 301A
BOCA RATON FL 33487
US

1161 HOLLAND DRIVE
SUITE 301A
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified

08/25/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0433367

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION, INC.
222 LAKEVIEW AVENUE, SUITE 800
WEST PALM BEACH FL 33401

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 607.0602 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 or officer or director) NOTE: Registered Agent signature must be in ink on this day

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------------|--|
| TITLE | DPST | <input type="checkbox"/> DELETE |
| NAME | SUCHER, MICHAEL | |
| STREET ADDRESS | 1161 HOLLAND DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | SUCHER, BRIAN | |
| STREET ADDRESS | 7815 HENRI BOURASSA BOUL W. | |
| CITY-ST-ZIP | MONTREAL QUEBEC CA H4S1P-7 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SUCHER, PHYLLIS | |
| STREET ADDRESS | 10200 E. BROADVIEW DR. | |
| CITY-ST-ZIP | BAY HARBOR ISLANDS FL 33154 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SUCHER, ANNA | |
| STREET ADDRESS | 1161 HOLLAND DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | NAPONICK, PAUL M | |
| STREET ADDRESS | 1161 HOLLAND DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY-ST-ZIP | |
| 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY-ST-ZIP | |
| 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY-ST-ZIP | |
| 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY-ST-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY-ST-ZIP | |
| 6. 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 22 1996

407 998-3200

DATE

Daytime Phone #

CR2E034 (12/95)