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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 28 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **357118** **(9)**

1. Corporation Name
**CENTRAL INTERNATIONAL CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 1421 SW 102ND CT<br>P.O. BOX 523484<br>MIAMI FL 33174<br>US | 1421 SW 102ND CT<br>P.O. BOX 523484<br>MIAMI FL 33174<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/23/1969**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-1282015** ☐ 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

**AROSTEGUI, DORA E.**
**1421 SW 102ND CT**
**MIAMI FL 33174**

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AROSTEGUI, DORA E. | 1.2 NAME | | |
| STREET ADDRESS | 1421 S.W. 102 COURT | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | 2.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | LABREAU, NORMA A. | 2.2 NAME | LABREAU, NORMA A. | |
| STREET ADDRESS | 9545 CORAL WAY #B302 | 2.3 STREET ADDRESS | 4937 S.W., 135 PL. | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | Miami, Fl. | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | [redacted], ROSE M. | 3.2 NAME | | |
| STREET ADDRESS | 3843 WIMBROOK LANE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TUCKER GA | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | 4.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | GUERRERO, RENE A. | 4.2 NAME | GUERRERO, RENE A. | |
| STREET ADDRESS | 210 ALAMOS PLACE | 4.3 STREET ADDRESS | 2463 Talavera Drive | |
| CITY-ST-ZIP | SAN RAMON CA | 4.4 CITY-ST-ZIP | San Ramon, CAL 94583 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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:** Dora Arostegui 2/28/95 (305) 559 2650
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Dora Arostegui

0180001 CP