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

DOCUMENT # **537436** **(8)**

1. Corporation Name

EL CENTRO, INC.

Principal Place of Business

8775 PARK BLVD #107
MIAMI FL 33172

Mailing Address

8775 PARK BLVD #107
MIAMI FL 33172

3. Date Incorporated or Qualified: **06/16/1977**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-1747175** [ ] 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

2. Principal Place of Business

21 Street, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address

26 Street, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

EWING, CATALINA
8775 PARK BLVD #107
MIAMI FL 33172

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 Section [illegible] of 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. The street address of its registered office and the name of its registered agent are as shown above. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	
P	EWING, CATALINA	8775 PARK BLVD #107	MIAMI FL	[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental 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 with an office or designation to the right.

SIGNATURE: CATALINA EWING, PRES 4-17-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)