



FILED

Apr 28 1997 8:00am
Secretary of State

| | | | | | |
|---|-------------------|--|---|---|----------|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | Apr 28 1997 8:00am Secretary of State | |
| DOCUMENT # 581883 (6) | | | | | |
| 1. Corporation Name CEN-SUR AMERICA, INC. | | | | | |
| Principal Place of Business 6920 NW 82ND AVE MIAMI FL 33122 - US | | Mailing Address 2323 NW 82ND AVE 2 FLOOR -- MIAMI FL 33122-1912 US-- | |  | |
| 2. Principal Place of Business 21 16540 S.W 87 AVE Suite, Apt. #, etc. 22 miami FL City & State 23 | | 2a. Mailing Address 26 PO Box 571202 Suite, Apt. #, etc. 27 miami FL City & State 28 | | 3. Date Incorporated or Qualified 08/10/1978 3a. Date of Last Report 06/13/1996 | |
| Zip 24 33157 | | Country 25 U.S.A | | 4. FEI Number 59-1858695 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent ORDONEZ, HERMAN 2323 NW 82ND AVE MIAMI FL 33122- | | | 10. Name and Address of New Registered Agent 81 Name ORDONEZ HERMAN 82 Street Address (P.O. Box Number is Not Acceptable) 16540 S.W 87 AVE 83 miami FL 84 City FL 85 Zip Code 33157 | | |
| 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 Herman Ordonez [Signature] DATE 4-22-97 (NOTE: Registered Agent Signature required when reinstating.) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | P | DELETE | 1.1 TITLE | Change | Addition |
| NAME | ORDONEZ, HERMAN | | 1.2 NAME | | |
| STREET ADDRESS | 16940 SW 87TH AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33157 | | 1.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 2.1 TITLE | Change | Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | Change | Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | Change | Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | Change | Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 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 does not qualify for the exemption stated in Section 119.07(3)(g), 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. | | | | | |