FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 581883

(6)

CEN-SUR AMERICA, INC.

|) |
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| 8 8:00am |
| f State |
| |

| Principal Place of Business Mailing Address | | A LANDING DISANT NOTATE TIMON COVAR VALUE SITT OTALI BENEFI | BIRSE BIRNI AIDII BERIS ERRE |
|--|---|---|---|
| 16940 S.W. 87 AVE. P.O BOX 571202 | | : | |
| MIAMI FL 33157 MIAMI FL 33257 | | DO NOT MOUTE 40 TO 10 O | 00.05 |
| US US | | DO NOT WRITE IN THIS S | SPACE |
| | | 3. Date Incorporated or Qualified 08/10/1978 | 14 |
| 2. Principal Place of Business 2s. Mailing Address | | 4. FEI Number | Applied For |
| 21 26 | | 59-1858695 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 27 | | Certificate of Status Desired | Fee Required |
| City & State City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 28 | | Trust Fund Contribution | Added to Fees |
| Zip Country Zip | Country | 8. This corporation owes or has paid the cur | rent year Intangible |
| 24 25 29 | 30 | | Yes No |
| g, Name and Address of Current Registered Agent | | 10. Name and Address of New Registered | Agent |
| ORDONEZ, HERMAN | 81 Name | | |
| 16940 S.W. 87 AVE. | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | |
| MIAMI FL 33157 | | | |
| | 83 | | |
| | 84 City | | 85 Zip Code |
| | 1 1 2 11 | <u>FL</u> | |
| Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statu- office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 607,0505. F | s authorized by the corpo | orporation submits this statement for the purpose of oration's board of directors. I hereby accept the app | changing its registered pintment as registered |
| SIGNATURE | | | |
| Signature, hyped or printed name of registered agent and title if applicable (NO | OTE: Registered Agent signature re | | |
| 12. OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND | |
| TITLE P DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME ORDONEZ, HERMAN | 1.2 NAME | | |
| STREET ADDRESS 18940 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 | 3.1 TITLE | | Change Addition |
| NAME | 3.2 NAME | | 9 |
| STREET ADDRESS | | | |
| CHY-SI-ZIP | 3.3 STREET ADDRESS | | |
| TITLE DELETE | 3.4. CITY-ST-ZIP | | Change Laddis- |
| | 3.4. CITY-ST-ZIP 4.1 TITLE | · · · · · · · · · · · · · · · · · · · | ☐ Change ☐ Addition |
| NAME | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME | · · · · · · · · · · · · · · · · · · · | Change Addition |
| NAME STREET ADDRESS | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE NAME | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | |
| NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE NAME NAME | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | ☐ Change ☐ Addition |

4. I needy certify that the information supplied with this filing does not qualify 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.

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SIGNATURE:

New Com 4-28-98 305-592604