

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

REGISTRATION
ANNUAL REPORT
1995



SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 624899 (1)
CENTRAL ELEVATOR COMPANY, INC.

Principal Place of Business: 1735 SW 102ND CT MIAMI FL 33165
Mailing Address: 1735 SW 102ND CT MIAMI FL 33165

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/1979
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-1928987
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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 State, Apt. #, etc. 22 City & State. 23 Zip Country. 24
2a. Mailing Address: 25 State, Apt. #, etc. 26 City & State. 27 Zip Country. 28
29 30

9. Name and Address of Current Registered Agent
PEDRE, VINCENT, II
1735 SW 102ND CT
MIAMI FL 33165

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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: _____

12. OFFICERS AND DIRECTORS	
12.1 NAME	P PEDRE, ANGELA
12.2 STREET ADDRESS	1735 SW 102ND COURT
12.3 CITY - ST - ZIP	MIAMI FL
12.4 NAME	V PEDRE, VINCENT, II
12.5 STREET ADDRESS	1735 SW 102ND COURT
12.6 CITY - ST - ZIP	MIAMI, FL 00000
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY - ST - ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(b), 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 or would to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on the back of this report.

SIGNATURE: *Vincent Pedre II* VINCENT PEDRE II 2/21/95 59-5255
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR