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

Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # CENTRAL ENTERPRISES, INC. Mailing Address Principal Place of Business 5920 SW 114 TERRACE 5920 SW 114 TERRACE MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/07/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2443629 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be Election Campaign Financing  $\Box$ 23 **Trust Fund Contribution** Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible X Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WONG, ALBERTO J 5920 **\$W** 114 TERRACE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33156** 83 84 City Zip Code 85 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 affector 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. (NOTE Registered Agent a grature required when reinstating) Signature, typest or punted name of registers a agent and letent applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ÖFÜĞERS AND DIRF CTÖRS 12. 13. Change Addition DELLIE 1.1 THE TITLE WONG, ALBERTO J NAME 1.2 NAME **5920 SW 114 TERRACE** 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL. 1.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition 2.1 TOLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS DITY-ST-ZIP 5.4 C/TY - ST - Z/P DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 14. Thereby 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 supplied that annual report is rule 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 of the receiver or trislee 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 of on an attachment with an address.

FILED

198 (305)663-6756