FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:04

DOCUMENT # **H27198** **(1)**

1. Corporation Name
CENTRUM CORPORATION

Principal Place of Business	Mailing Address
% VENTURVEST REALTY CORP. 5979 NW 151ST ST., SUITE 240 MIAMI LAKES FL 33015	% VENTURVEST REALTY CORP. 5979 NW 151ST ST., SUITE 240 MIAMI LAKES FL 33015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/25/1984**
3a. Date of Last Report: **03/14/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **59-2455426** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24): 33014 Country (25):
Zip (29): 33014 Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEDLAND, MARK
5979 N.W. 151ST ST.
MIAMI LAKES FL 33314

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	FRIEDLAND, MARK	1.2 NAME	
STREET ADDRESS	~~402 S. GALENA~~ S)	1.3 STREET ADDRESS	525 E. Cooper St
CITY-ST-ZIP	ASPEN CO	1.4 CITY-ST-ZIP	Aspen, CO 81611
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	MERVIS, LAURIE	2.2 NAME	
STREET ADDRESS	19390 COLLINS AVE #626	2.3 STREET ADDRESS	3170 Arbor Lane
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Mark Friedland 1/16/95 305-820-8

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0089430 - CP