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SIGNATURE:

PROFIT Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # H99770 (0) CENTURY IMPORTS, INC. Principal Place of Business Mailing Address 865 N.W. 45TH STREET PO BOX 5363 PO BOX 5363 LIGHTHOUSE PT FL 33074 DO NOT WRITE IN THIS SPACE POMPANO BCH. FL 33064 3. Date Incorporated or Qualified 02/17/1986 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 5028 MALLAR 26-5099487 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be CREEK COCOMUT Trust Fund Contribution Added to Fees 28 Country Country Zip Zip This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes ☐ No 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EGNER, THEODORE K. 3067 E. COMMERCIAL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33308 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 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 607.0506, Florida Statutes. SIGNATURE Signature, typoid or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition ALAM, SAUD CR2E034 NAME 1.2 NAME 865 N.W. 45TH STREET STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 14 CHY-ST-ZIP DELETE Change Addition TITLE 21 TITLE PETERS, GEORGE NAME 2.2 NAME 3311 QUAIL CLOSE DRIVE STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Alam. Zahir NAME 3.2 NAME 865 N.W. 45TH STREET STREET ADDRESS 3.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4 1 TITLE Change ALAM, SHIRAZ NAME 4. 2 NAME 865 N.W. 45TH STREET STREET ADDRESS 4.3 STREET ADDRESS POMPANO BE 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 os 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 regover 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 attribution with an address.

FILED

4/16/98

1954) 421-0555