FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # L96000000174

1. Corporation Name
American Centry Company, L.C.

Principal Place of Business
c/o Leslie Alan Rozencwaig
1 SE 3rd Avenue
Suite 960
Miami, FL 33131

Mailing Address
c/o Leslie A. Rozencwaig
1 SE 3rd Ave. Ste. 960
Miami, FL 33131

3. Date Incorporated or Qualified: 2/13/96
3a. Date of Last Report:

2. Principal Place of Business
21 5310 SW 111 Avenue
22 Suite, Apt. #, etc.
23 City & State: Miami, FL 33165
24 Zip: 33165 25 Country: USA

2a. Mailing Address
26 5310 SW 111 Avenue
27 Suite, Apt. #, etc.
28 City & State: Miami, FL
29 Zip: 30 Country: USA

4. FEI Number: ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Leslie Alan Rozencwaig
1 SE 3rd Avenue
Suite 960
Miami, FL 33131

10. Name and Address of New Registered Agent
81 Name: Michael Feldentrais, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 12,000 Biscayne Boulevard
83 Suite 220
84 City: Miami FL 85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.0505 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Ralf Cassau 5310 SW 111 Avenue Miami, FL 33165	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Guillermo R. Villalonga, Jr. 5310 SW 111 Avenue Miami, FL 33165	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Guillermo R. Villalonga 5310 S.W. 111 Avenue Miami, FL 33165	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

6-10-97

900002211829
-06/13/97--01088--008
***203.75

14. I do hereby 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 added by attachment with an address.

SIGNATURE: _____ Ralf Cassau 5/1/97 (305) 387-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #