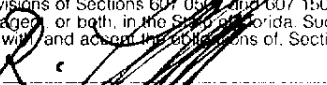
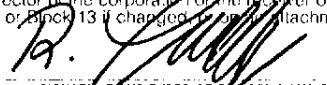


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 # L960000000174 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		
2. Principal Place of Business 21 5310 SW 111 Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 5310 SW 111 Avenue Suite, Apt. #, etc.		3. Date Incorporated or Qualified 2/13/90	
22 Miami, FL 33165 City & State		27 Miami, FL City & State		3a. Date of Last Report	
23 33165 Zip		28 USA Country		4. FEI Number ☒ Applied For ☐ Not Applicable	
24 33165 Zip		29 USA Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 Feldenkrais, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 12000 Biscayne Boulevard 83 Suite 220 84 City Miami FL 85 Zip Code 33181		
11. Pursuant to the provisions of Sections 607.0501 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 provisions of, Section 607.0505, Florida Statutes.					
SIGNATURE  (NOTE: Registered Agent's signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE Managing Member ☐ DELETE NAME Ralf Cassau STREET ADDRESS 5310 SW 111 Avenue CITY-ST-ZIP Miami, FL 33165		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE Member ☐ DELETE NAME Guillermo R. Villalonga, Jr. STREET ADDRESS 5310 SW 111 Avenue CITY-ST-ZIP Miami, FL 33165		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE Member ☐ DELETE NAME Guillermo R. Villalonga STREET ADDRESS 5310 S.W. 111 Avenue CITY-ST-ZIP Miami, FL 33165		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
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 to or 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					

CR2E034 (9/96)