FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M87563** **(6)**

1. Corporation Name
CENTENNIAL EXPORT AND TRADING CORPORATION

Principal Place of Business	Mailing Address
C/O THOMAS F. MORANTE 2500 N.W. 39TH ST. MIAMI FL 33142	P.O. BOX 420158 1400 N.W. 36TH ST MIAMI FL 33142 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1988
3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0060754 — 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: [X] Yes ☐ No

2. Principal Place of Business (21–25) | 2a. Mailing Address (26–30)

9. Name and Address of Current Registered Agent

MORANTE, THOMAS F.
TWO S. BISCAYNE BLVD.
SUITE 3750, ONE BISCAYNE TOWER
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ Change ☐ Addition
NAME	BARR, ARTHUR	
STREET ADDRESS	4000 ISLAND BLVD.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	D	☐ Change ☐ Addition
NAME	FEDELE, PETER	
STREET ADDRESS	5800 SUNCREST DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ Change ☐ Addition
NAME	MAGUIRE, MARY	
STREET ADDRESS	7751 NE BAYSHORE CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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 on an attachment with an address.

SIGNATURE: MARY MAGUIRE 2/28/95 305-633-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0161735 CP