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

APPROVED AND FILED

95 MAY 11 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29211** **(0)**

1. Corporation Name

CENTROMIN-PERU, INC.

Principal Place of Business
7955 NW 12TH ST.
SUITE #220
MIAMI FL 33126

Mailing Address
7955 NW 12TH ST.
SUITE #220
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1990
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # — 22
Suite, Apt. # — 27
City, State — 23
City, State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 22-2271696
Applied For / Not Applicable

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

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

8. This corporation has taken, or intends to take, under S. 199.032 Florida Statutes ☐ Yes. ☑ No.

9. Name and Address of Current Registered Agent

MANRIQUE, MARIO A
10293 SW 49 CT
COOPER CITY FL 33328

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 Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

12. OFFICER AND DIRECTOR

Title	PTSM
NAME	CASOS, FERNANDO
Street Address	9 CHESTNUT CIRCLE
City, State, Zip	COOPER CITY FL

13. ADDITIONAL NAMES OF OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and has not changed for the preceding calendar year. I further certify that the information in 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. I am an officer or director of the corporation or a 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 hereof or on an attachment with an address.

SIGNATURE: FERNANDO CASOS — 5/8/1995 — (305) 597-0327

SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

D123254 CP