

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P29211 (0)

1. Corporation Name

CENTROMIN-PERU, INC.



Principal Place of Business

Mailing Address

7855 NW 12TH ST.
SUITE #220
MIAMI FL 33126

7855 NW 12TH ST.
SUITE #220
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21 9000 SHERIDAN STREET

26 9000 SHERIDAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 147 -

27 147

City & State

City & State

23 PEMBROKE PINES, FL

28 PEMBROKE PINES, FL

Zip

Zip

24 33024

25 BROWARD

29 33024

30 BROWARD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/04/1990

3a. Date of Last Report

05/11/1995

4. FEI Number

22-2271696

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fees Required

6. Election Campaign Financing

☒

\$5.00 May Be

Added to Fees

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

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME CASOS, FERNANDO
STREET ADDRESS 9 CHESTNUT CIRCLE
CITY- ST- ZIP COOPER CITY FL

PTSM
CASOS, FERNANDO P
9 CHESTNUT CIRCLE
COOPER CITY, FL 33026

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY- ST- ZIP

2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO P. CASOS

2-20-96 (944) 430-7200

Date

Daytime Phone #

CR2E034 (12/95)