

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000008653 (7)**

1. Corporation Name

CENTURY INTERNATIONAL CORP.



Principal Place of Business

3191 SW 22 ST
SUITE 504
MIAMI FL 33145
US

Mailing Address

3191 SW 22 ST
SUITE 504
MIAMI FL 33145
US

2. Principal Place of Business

21 **1915 BRICKELL AVE**

22 **C-613**

23 **MIAMI FL**

24 **33129** 25 **USA**

2a. Mailing Address

26 **1915 BRICKELL AVE**

27 **C-613**

28 **MIAMI, FL**

29 **33129** 30 **USA**

3. Date Incorporated or Qualified

12/02/1992

3a. Date of Last Report

02/03/1995

4. FEI Number

65-0373248

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. 193.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GEKOFF, GERALDO
1915 BRICKELL AVE
APT C-613
MIAMI FL 33129**

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 of Agent or Director (Type or Print Name)

Signature of Registered Agent (Type or Print Name)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME **GEKOFF, GERALDO**
1.3 STREET ADDRESS **1915 BRICKELL AVE APT C-613**
1.4 CITY, ST, ZIP **MIAMI FL**

1.5 TITLE ☐ DELETE

1.6 NAME
1.7 STREET ADDRESS
1.8 CITY, ST, ZIP

1.9 TITLE ☐ DELETE

1.10 NAME
1.11 STREET ADDRESS
1.12 CITY, ST, ZIP

1.13 TITLE ☐ DELETE

1.14 NAME
1.15 STREET ADDRESS
1.16 CITY, ST, ZIP

1.17 TITLE ☐ DELETE

1.18 NAME
1.19 STREET ADDRESS
1.20 CITY, ST, ZIP

1.21 TITLE ☐ DELETE

1.22 NAME
1.23 STREET ADDRESS
1.24 CITY, ST, ZIP

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

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME
1.7 STREET ADDRESS
1.8 CITY, ST, ZIP

1.9 TITLE ☐ Change ☐ Addition

1.10 NAME
1.11 STREET ADDRESS
1.12 CITY, ST, ZIP

1.13 TITLE ☐ Change ☐ Addition

1.14 NAME
1.15 STREET ADDRESS
1.16 CITY, ST, ZIP

1.17 TITLE ☐ Change ☐ Addition

1.18 NAME
1.19 STREET ADDRESS
1.20 CITY, ST, ZIP

1.21 TITLE ☐ Change ☐ Addition

1.22 NAME
1.23 STREET ADDRESS
1.24 CITY, ST, ZIP

1.25 TITLE ☐ Change ☐ Addition

1.26 NAME
1.27 STREET ADDRESS
1.28 CITY, ST, ZIP

1.29 TITLE ☐ Change ☐ Addition

1.30 NAME
1.31 STREET ADDRESS
1.32 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, 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. 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 in an attachment with an address.

SIGNATURE:

GERALDO GEKOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

305-552-1206

Date

Phone #

CR2E034 (12/95)