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 -1 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035856 (2)

1. Corporate Name
CEN OFFICE BUILDING, INC.

Principal Place of Business
2121 PONCE DE LEON BLVD
PENTHOUSE II
CORAL GABLES FL 33134
US

Mailing Address
2121 PONCE DE LEON BLVD
PENTHOUSE II
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1993
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0401125 — 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 salary or intangible tax under Ch. 199 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SMULIAN, ANDREW M
701 BRICKELL AVE
22ND FLOOR
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 Section 607.0504 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: [illegible] Registered Agent or Corporate Officer [illegible]

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOGGIO, LLOYD J
STREET ADDRESS	2121 PONCE DE LEON BLVD/PENTHOUSE II
CITY ST ZIP	CORAL GABLES FL
TITLE	D
NAME	MARCUS, STEWART
STREET ADDRESS	2121 PONCE DE LEON BLVD /PENTHOUSE II
CITY ST ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY ST ZIP	
1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY ST ZIP	
1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY ST ZIP	
1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY ST ZIP	
1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY ST ZIP	
1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY ST ZIP	

14. I hereby certify that the information contained herein, including any supplemental information, is true and accurate and that this corporation shall have the continuing obligation to promptly file any change in the information required to be reported pursuant to Section 607.0505, Florida Statutes, and that its registered agent has agreed to act as such agent and to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Lloyd J. Boggio 4/20/95 (305) 441-8188
SIGNATURE: TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0136873 CP