

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

FILED

96 JAN 24 PM 4: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049270 (0)

1. Corporation Name

CENTENNIAL MANUFACTURING & DESIGN, INC.

Principal Place of Business

2500 NW 39 ST  
MIAMI FL 33142

Mailing Address

2500 NW 39 ST  
MIAMI FL 33142

3. Date Incorporated or Qualified  
07/14/1993

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-3196019

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 ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAMM, WARREN J  
2500 NW 39 ST  
MIAMI FL 33142

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 fee, 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

NAME PASCUCCI, SAMUEL

STREET ADDRESS 14591 SUNSET LN  
CITY-STATE-ZIP FT LAUDERDALE FL 33330

TITLE ☐ DELETE

NAME BARR, ARTHUR

STREET ADDRESS 1000 ISLAND BLVD, WILLIAMS ISLAND  
CITY-STATE-ZIP N MIAMI BEACH FL 33160

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

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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:

*Sam Pascucci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam Pascucci, President 1/12/96 (305) 634-8800

Date

Daytime Phone

CR2E034 (12/95)