

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

Page 1 of 5

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # *P-93000054877(4)*

1. Corporation Name
Century INVESTORS, INC.

SEP 20 AM 9:38

Principal Place of Business Mailing Address - *(same)*
37 South Royal Poinciana Blvd.
Miami Springs, FL 33166

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<i>8-5-93</i>	
4. FEI Number	Applied For
<i>65-0485418</i>	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Same as last year

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State	85 Zip Code
<i>ALBERTO PEREZ</i>	<i>37 South Royal Poinciana Blvd.</i>	<i>Miami Springs,</i>	<i>FL</i>	<i>33166</i>

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 _____ DATE _____
Signature type for printed name of registered agent is optional if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>D.P.</i>	1.1 TITLE	<i>SAME</i>
NAME	<i>PEREZ, ALBERTO</i>	1.2 NAME	
STREET ADDRESS	<i>37 South Royal Poinciana Blvd.</i>	1.3 STREET ADDRESS	<i>500001961805</i>
CITY - ST - ZIP	<i>Miami Springs, FL 33166</i>	1.4 CITY - ST - ZIP	<i>-10/01/96--01177--007</i>
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<i>ST.D.</i>	3.1 TITLE	<i>SAME</i>
NAME	<i>PEREZ, OLGA IRENE</i>	3.2 NAME	
STREET ADDRESS	<i>37 South Royal Poinciana Blvd.</i>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<i>Miami Springs, FL 33166</i>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

A. Alan
9-23-96

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)(4) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Olga Irene Perez* 9/1/96 305-887-7932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000054877 (4)

1. Corporation Name
CENTURY INVESTORS, INC.

Principal Place of Business: **792 RIO VISTA DRIVE MIAMI SPRINGS FL 33166**
Mailing Address: **792 RIO VISTA DRIVE MIAMI SPRINGS FL 33166**

This is the copy of a copy I made to send with our ch.#2062 on 8/7/96.

pg. 2 of 5

2. Principal Place of Business
21 Suite, Apt # etc
22 City & State
23 Zip
24 County

2a Mailing Address
26 State, Apt # etc
27 City & State
28 Zip
29 County

3. Date of Incorporation: **08/05/1993**
3a. Date of Last Report: **05/01/1994**
4. Telephone: **65-0485418**
5. State of Status: **FL** Additional Fee Required: **\$8.75**
6. Election Campaign Financing: **\$5.00** May Be Added to Fees
8. Is the corporation liable for and subject to under 511.07(1)(b), Florida Statutes? Yes No

9. Name and Address of Current Registered Agent
**MIAMI CORPORATE SYSTEMS INC.
5200 BLUE LAGOON DR.
SUITE 700
MIAMI FL 33126**

10. Name and Address of New Registered Agent
**ALBERTO PEREZ
37 So. Royal Poinciana Boulevard
MIAMI SPRINGS, FL.**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, such change was approved by the corporation's board of directors, meeting, and the appointment as registered agent, I hereby certify and accept the change.

SIGNATURE: *Alberto Perez*

FL 85 **33166**
4/11/95

12. OFFICERS AND DIRECTORS
TITLE: **DP**
NAME: **PEREZ, ALBERTO**
STREET ADDRESS: **792 RIO VISTA DRIVE**
CITY-STATE-ZIP: **MIAMI SPRINGS FL 33166**
TITLE: **STD**
NAME: **PEREZ, OLGA IRENE**
STREET ADDRESS: **792 RIO VISTA DRIVE**
CITY-STATE-ZIP: **MIAMI SPRINGS FL 33166**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: **(SAME)** Change Add
2. STREET ADDRESS: **37 So. Royal Poinciana Blvd. Miami Springs, Fla. 33166**
3. NAME: **(SAME)** Change Add
4. STREET ADDRESS: **37 So. Royal Poinciana Blvd. Miami Springs, Fla. 33166**

14. I hereby certify that the information provided in this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation.

SIGNATURE: *Alberto Perez*
ALBERTO PEREZ DP

3/10/95 (305) 882-7932

Sept 1, 1996

p. 3 of 5

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Attention: Amy Alan

Dear Mr. Alan:

Re: Century Investors
65-0485418

Enclosed please find our completed 1996 Corporation Annual Report. These forms were sent by you to us on August 27th, 1996.

You might recall that I spoke to you on August 21st and reported that we had not received a 1996 form and that I had made a copy of the 1995 and had used that one to file.

On August 1st, I mailed that copy with our check # 2062 for \$225.⁰⁰ to comply with the Annual filing. You informed me that the department had received these documents but had returned them to us because

we didn't send an original form.

This only complicated things further since these papers were sent back to our old address:

792 Rio Vista Drive

Miami Springs, Fl. 33166,

and we have been at the new address for more than (1) year, consequently the Post Office does not forward mail to us anymore.

We don't have a record of our check #2062 being paid by the bank, nor do we have the check back in our hands without being paid.

It is of the utmost importance that Century Investors be kept active, as it is an active corporation.

All of the above has been caused by the change of address and my failure to change the address on the Block 2 section of the form. I only inadvertently changed it on Blocks 9 and 13. (see copies of what we mailed originally enclosed)

(3)

page 5 of 5

Please advise if you have our check back from the post office as soon as possible; if not, we will place a stop-payment and mail another one to you immediately.

Please be assured that we tried to comply and sent all requirements before the due date, and we hope all can be cleared satisfactorily.

Yours truly,

Alga Irene Perez
Century Investors, Inc.

Enclosures