

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
-AND
FILED

95 MAR -8 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name CENTRAL AGENCY INC. 4995 N.W. 72 AVE. #410 MIAMI FL. 33166	DOCUMENT # P94000015364
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Mailing Address Principal Place of Business

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 P.O. BOX 592515	2a. Principal Place of Business 26 4995 N.W. 72 Ave	4. FEI Number 65-0523519	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #410	5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
City & State 23 MIAMI FL.	City & State 28 MIAMI FL.	7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	\$5.00 May Be Added to Fees
Zip 24 33159	Country 25 USA	Zip 29 33166	Country 30 USA

9. Name and Address of Current Registered Agent JAVIER PETROZZOLI 7095 N.W. 179 ST MIAMI FL. 33015	10. Name and Address of New Registered Agent 81 Name NIDIA BEATRIZ CARDOZO 82 Street Address (P.O. Box Number is Not Acceptable) 3701 DAFFODIL LN. 83 84 City MIRAMAR FL 85 Zip Code 33025
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **JANUARY 17th 1995**

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT	1.2 NAME NIDIA BEATRIZ CARDOZO	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS 3701 DAFFODIL LN.	1.4 CITY-ST-ZIP MIRAMAR FL. 33025	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.3 STREET ADDRESS	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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-5-95 305-592-0226