FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000021606**1. Corporation Name

CENTURY FIVE, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90109 011 ***158.75



Principal Place of Business Mailing Address							• •• ••		
901 SW 69TH AVE. 901 SW 69TH AVE.						•			
MIAMI FL 33144 MIAMI F			AMI FL 33144			DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualifect			
						03/21/1994	•	•	İ
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number		Apr	plied For
21		26				65-0490322			t Applicable
Suite, Apt.	#, etc.		Apt. #, etc.			·		\$8.75 A	dditional
22		27			•	5. Certificate of Status Desired		Fee Rec	quired
City & State	е	City &	State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	_	Country		8. This corporation owes the cu	rent year Int		_
24	25	29	30	<u> </u>		Personal Property Tax.			□No
!	9. Name and Address of Cu	rrent Registered A	gent			10. Name and Address of New	Registered A	Agent	
DING	CEDOIO			81	Name				
PINO, SERGIO				82	82 Street Address (P.O. Box Number is Not Acceptable)				
	SW 69 AVE.								
MIAR	AI FL 33144			83					
	_			84	City			85 Zip C	ode
)			·	poration submits this statement for the	<u>FL</u>		
office or re agent. I an SIGNATURE	egistered agent, or both, in the \$ m familiar with and accept the of	tate of Florida. Such oligations of, Section	change was auth 607.0505, Florida	orized by a Statutes	the corporati	on's board of directors. I hereby acce	pt the appoir	ntment as reg	gistered
		d agent and title if applicable	. (NOTE: Re		t signature require	ed when reinstating)	DATE		
12.		AND DIRECTORS	[] ari ere	13.		ADDITIONS/CHANGES TO O	FICERS AN		
TITLE	0		☐ DELETE	1.1 TITLE				Change	Addition (
NAME	PINO, SERGIO			1.2 NAME					Ì
STREET ADDRESS	901 SW 69TH AVE.			1.3 STREET					
CITY-ST-ZIP	MIAMI FL 33144		C perere	1.4 CITY-S	T-ZIP			Chongo	Addition
TITLE			DELETE	2.1 TITLE				☐ Change	□ Addition
NAME				2.2 NAME				•	1
STREET ADDRESS				2.3 STREET					ŀ
CITY-ST-ZIP			☐ DELETE	2. 4 CITY-S	T-ZIP				Addition
TITLE			- DELETE	3.1 TITLE	·			□ onenge	Addison
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ļ				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		DELETE	3.4. CITY-S 4.1 TITLE	1-2#		-	Change	Addition
TITLE			المالات	4.1 111LE 4.2 NAME					
NAME				4.2 NAME 4.3 STREET	ADDESS				
STREET ADDRESS						•			
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-ST	1-4IP			Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS	,			
				5.4 CITY-ST					.]
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE				☐ Change	Addition
NAME				6.2 NAME				-, ·	
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY ST 7:D				6.4 CITY-ST					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier ental 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 of 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 changes, even an attachment with an address, with all other like empowered.

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR