

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000039287 (5)

1. Corporation Name

CENTIGRADO, INC.

Principal Place of Business

3816 S.W. 79TH AVE.
SUITE NO 82
MIAMI FL 33155

Mailing Address

3816 S.W. 79TH AVE.
SUITE NO 82
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

4. FEI Number

☒ 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

6. This corporation has liability for intangible tax under S. 189.032,
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

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENA, AMPARO
9210 WEST CALUSA CLUB DR.
MIAMI FL 33186

81 Name
MELEAN, NAKARID G

82 Street Address (P.O. Box Number is Not Acceptable)
3816 S.W. 79TH AVE. #82

83 City
Miami

85 FL Zip Code
33155

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]*

DATE 5/8/95

Signature typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MELEAN, NAKARID G
STREET ADDRESS	3816 S.W. 79TH AVE. #82
CITY - ST - ZIP	MIAMI FL 33155
TITLE	D
NAME	GOTERA, ALEJANDRO R
STREET ADDRESS	3816 S.W. 79TH AVE. #82
CITY - ST - ZIP	MIAMI FL 33155
TITLE	D
NAME	SANTANA, MILDRED
STREET ADDRESS	151 FAIRWAY DR. #2306
CITY - ST - ZIP	MIAMI SPRINGS FL 33166
TITLE	D
NAME	CAMPOS, MARCOS
STREET ADDRESS	151 FAIRWAY DR. #2306
CITY - ST - ZIP	MIAMI SPRINGS FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
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 110.07(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 as an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 (305) 362-1403