ANNUAL REPORT
1995

P94000049163

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 22 AM 9:00

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DOCUMENT # P94000049163

1. Corporation Name

CENTRO PALM, INC.

P94000049163

Principal Place of Business	Mailing Address
35801 S.W. 186th Avenue Florida City, Florida 33034	P.O. Box 343449 Florida City, FL 33034

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	12. Date of Last Report
07-01-94	None Filed

21. Principal Place of Business: SEE ABOVE	26a. Mailing Address: SEE ABOVE	4. FEI Number	X Applied For / Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	9. Certificate of Status Desired	$0.75 Additional Fee Required
23. City & State	28. City & State 5/22/95	8. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24. Zip / 25. Country	29. Zip / 30. Country	5. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

6. Name and Address of Current Registered Agent

Leon J. Wolfe
100 S.E. 2nd Street, 38th Floor
Miami, Florida 33131-2130
ATIN: Corporate Records

BK

10. Name and Address of New Registered Agent

01 Name: Steve Mainster
02 Street Address (P.O. Box Number is Not Acceptable): 35801 S.W. 186th Avenue
03
04 City: Florida City | 05 FL | Zip Code: 33034

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] May 17, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when name altered) DATE

13. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	
TITLE	Director	11 TITLE	☐ Change ☐ Addition
NAME	Mainster, Steve	12 NAME	
STREET ADDRESS	35801 S.W. 186th Avenue	13 STREET ADDRESS	
CITY-ST-ZIP	Florida City, Florida 33034	14 CITY-ST-ZIP	
TITLE	Director	21 TITLE	☐ Change ☐ Addition
NAME	Jensen, Robert	22 NAME	
STREET ADDRESS	35801 S.W. 186th Avenue	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33034	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: [signature] STEVE MAINSTER, President May 17, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR Date Daytime Phone #

05-17-1995 11:28 305 789 7799 HOLLAND & KNIGHT P.02