


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

FILED  
Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000049163 (6)**

1. Corporation Name  
**CENTRO PALM, INC.**

Principal Place of Business

**HOLLAND & KNIGHT  
701 BRICKELL AVENUE  
MIAMI FL 33131-2130**

Mailing Address

**HOLLAND & KNIGHT  
701 BRICKELL AVENUE  
MIAMI FL 33131-2813**

3. Date Incorporated or Qualified  
**07/01/1994**

3a. Date of Last Report  
**07/23/1996**

2. Principal Place of Business

21 **35801 S.W. 186th Avenue**

Suite, Apt. #, etc.

22

City & State

23 **Florida City, Florida**

Zip

24 **33034**

Country

25 **U.S.A.**

2a. Mailing Address

26 **P.O. Box 343449**

Suite, Apt. #, etc.

27

City & State

28 **Florida City, Florida**

Zip

29 **33034**

Country

30 **U.S.A.**

4. FEI Number

**65-0539755**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HOLLAND & KNIGHT  
701 BRICKELL AVENUE  
STE. 3000  
MIAMI FL 33131-3209**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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: typed or printed name of registered agent and file # (applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPST  
MAINSTER, STEVE**  
STREET ADDRESS **35801 SW 186 AVE**  
CITY - ST - ZIP **FLORIDA CITY FL 33034**

TITLE ☐ DELETE

NAME **DV  
JENSEN, ROBERT**  
STREET ADDRESS **35801 SW 186 AVE**  
CITY - ST - ZIP **FLORIDA CITY FL 33034**

TITLE ☐ DELETE

NAME **D  
JOGLER, NORBERTO**  
STREET ADDRESS **35801 SW 186 AVE**  
CITY - ST - ZIP **FLORIDA CITY FL 33034**

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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; that 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

CR2E034 (9/96)