FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000065897 (8)**

1. Corporation Name

CENTURY TECHNOLOGY, INC.

Principal Place of Business

25 SE 2ND AVE.
SUITE 529
MAIMI FL 3313
US

Mailing Address

25 SE 2ND AVE.
SUITE 529
MIAMI FL 33131
US

3. Date Incorporated or Qualified: **09/08/1994**

3a. Date of Last Report: **03/13/1995**

4. FEI Number: **65-0522200** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ______

Suite, Apt. #, etc. 22 ______

City & State 23 ______

Zip 24 ______ Country 25 ______

2a. Mailing Address 26 ______

Suite, Apt. #, etc. 27 ______

City & State 28 ______

Zip 29 ______ Country 30 ______

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

SANTOS, MAURO C ESQ
25 SE SECOND AVE
INGRAHAM BLDG, SUITE 1235
MIAMI FL 33131

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 ______ DATE ______

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MENDES, JOSE		1.2 NAME	
STREET ADDRESS	RUA CAIUBI, 324, APT 32		1.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO SP 05010-000		1.4 CITY-ST-ZIP	
TITLE	DVPS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FILHO, ALBERTO SENTIE		2.2 NAME	
STREET ADDRESS	RUA GUILHERMINA, 291		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO SP 02469-040		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MATTOS, ROBERTO		3.2 NAME	
STREET ADDRESS	RUA MINERVA, 94		3.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO SP 05007-030		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 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: Roberto Martinez de Mattos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roberto M. Mattos - Treasurer

01/19/96
Date

(305)5770398
Daytime Phone #

CR2E034 (12/95)