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FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
MIAMI FL 3313
US

Mailing Address

25 SE 2ND AVE.
SUITE 529
MIAMI FL 33131-1601
US

3. Date Incorporated or Qualified
09/08/1994

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 8233 NW 66th Street
Suite, Apt #, etc.

2a. Mailing Address

26 8233 NW 66th Street
Suite, Apt #, etc.

4. FEI Number
65-0522200

Applied For
Not Applicable

22 City & State
Miami, FL

27 City & State
Miami, FL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 Zip Country
33166 USA

28 Zip Country
33166 USA

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

Signature Required for each of registered agent and his representative

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEENDES, JOSE	
STREET ADDRESS	RUA CAIUBI, 324, APT 32	
CITY - ST - ZIP	SAO PAULO SP 05010-000	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	FILHO, ALBERTO SENTIE	
STREET ADDRESS	RUA GUILHERMINA, 291	
CITY - ST - ZIP	SAO PAULO SP 02469-040	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MATTOS, ROBERTO	
STREET ADDRESS	RUA MINERVA, 84	
CITY - ST - ZIP	SAO PAULO SP 05007-030	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 M. Mattos Roberto M. Mattos

01/16/97

(305) 5139292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)