

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000094083 (0)

1. Corporation Name

18TH CENTURY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:03

Principal Place of Business

150 W FLAGLER ST  
SUITE 2701  
MIAMI FL 33130

Mailing Address

150 W FLAGLER ST  
SUITE 2701  
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/28/1994

3a. Date of Last Report

4. FEI Number  
65-054993A

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

7. This corporation has liability for intangible tax under S. 109.03,  
Florida Statutes

☒
☐

Yes No

9. Name and Address of Current Registered Agent

BEFELER, GEORGE  
150 W FLAGLER ST  
SUITE 2701  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81. Name

Francisca Del Rio Parodi

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

7217 SW 48 St.

83.

84. City

Miami

FL

85. 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

Francisca Parodi

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
DEL RIO PARODI, FRANCISCA  
520 BRICKELL KEY DR APT 1812  
MIAMI FL 33131

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 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:

Francisca Parodi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

305-666-1818

Date

Telephone