

**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 # P95000046630 (6)

1. Corporation Name  
**CENTRAL CITY MANAGEMENT CORP.**



Principal Place of Business: 2414 S.W. 8TH CT. MIAMI FL 33135  
Mailing Address: 2414 S.W. 8TH CT. MIAMI FL 33135

3. Date Incorporated or Qualified: 06/15/1995  
3a. Date of Last Report

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-fields for Suite, City, State, Zip, and Country.

4. FEE Number: APPLIED FOR  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [X] No [ ]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARAZOZA & COMAS, P.A.  
101 MADEIRA AVE.  
CORAL GABLES FL 33134

81 Name: Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Carlos M. Grande	
13 STREET ADDRESS	1037 Alfonso	
14 CITY-ST-ZIP	Coral Gables, FL 33146	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Manuel Grande	
23 STREET ADDRESS	2720 SW 129th Ave.	
24 CITY-ST-ZIP	Miami, FL 33175	
31 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Ana Latour Grande	
33 STREET ADDRESS	2414 SW 8 St.	
34 CITY-ST-ZIP	Miami, FL 33135	
41 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Frank Grande	
43 STREET ADDRESS	2414 SW 8 St.	
44 CITY-ST-ZIP	Miami, FL 33135	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	600001722016	
53 STREET ADDRESS	-02/23/96--01011--005	
54 CITY-ST-ZIP	***200.00	
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 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, change(s), or on an attachment with an address.

SIGNATURE: *Carlos M. Grande*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-96 (305) 642-4620  
Date Filed Date Filed

CR2E034 (12/95)