

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

10/2

1997 JUL 17 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000048893 (8)
 1. Corporation Name
CENTRAL MINERALS CORPORATION



Principal Place of Business: 115 W. SEMINOLE AVENUE (210) MELBOURNE FL 32901
 Mailing Address: 115 W. SEMINOLE AVENUE (210) MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 290 Paradise Blvd.		28 290 Paradise Blvd		06/20/1995	03/26/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 No 36		27 No 36		59-3326841	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Indialantic, FL		28 Indialantic, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24 32903	25 Brazil	29 32903	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 HOFMANN, ERNST G.
 115 W. SEMINOLE AVENUE (210)
 MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name	Hofmann, Ernst G.
82 Street Address (P.O. Box Number is Not Acceptable)	290 Paradise Blvd
83	No 36
84 City	Indialantic
85 Zip Code	FL 32903

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HOFMANN, ERNST G.	
STREET ADDRESS	115 W. SEMINOLE AVE, NO 210	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SOONG, TONY R.	
STREET ADDRESS	2565 LEMA RD SE	
CITY-ST-ZIP	RIO RANCHO NM	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hofmann, Ernst G.	
1.3 STREET ADDRESS	290 Paradise Blvd No 36	
1.4 CITY-ST-ZIP	Indialantic, FL 32903	
2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Soong, Tony R	
2.3 STREET ADDRESS	3412 Applewood Way	
2.4 CITY-ST-ZIP	Modesto, CA 95355	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	000002245280--9	
3.4 CITY-ST-ZIP	-07/23/97--01092--004	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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 _____ DATE 15 July 1997

CR2E034 (4/97)

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CMC CENTRAL MINERALS CORP.

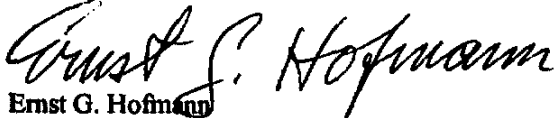
290 Paradise Blvd., Suite 36, Indialantic, FL32903 • Tel: (407) 777-9462 Fax: (407) 779-9353

15 July, 1997

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

On 14 July 1997 I received your "2nd Notice" of the Profit Corporation Annual Report. We did not receive the first notice, probably because the addresses have not been changed. For this reason I would like to appeal the \$385.00 late fee. Attached is the report with the corrected addresses and the payment.

Sincerely,


Ernst G. Hofmann