## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000026061

CENTUR	Y INVESTMENT GROUP	CORP.					
Principal Place	e of Business	Mailing Address			3 (APPINOR LIA LATIN ALLI) DEFIN MANT APPIN AL		(88)
20 S.W. 58 AVENUE 20 S.W. 58 AVENUE   MIAMI FL 33144 MIAMI FL 33144				DO NOT WRITE IN THIS SPACE		: HIS SPACE	
					3. Date Incorporated or Qualifed 03/25/1996		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	1
21	iace of Gusiness	26			65-0658646	Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	al
City & Stat		City & State		<del></del>	6. Election Campaign Financing	\$5.00 May Be	-
23		28			Trust Fund Contribution	Added to Fees	}
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent	
				81 Name			
MARTINEZ, ANTONINO				82 Street Add	ress (P.O. Box Number is Not Acceptable)	·.	
20 S.W. 58 AVENUE							
MIAI	WI FL 33144			83			
				84 City		85 Zip Code	
					poration submits this statement for the purpose	·L	
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	igations of, Section 607.0505,	Florida Stati	Agent signature require			-
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	□ DELETE	1.1 TI	nle		☐ Change ☐ Ad	idition
NAME	MARZOA, RAUL		12 N/	ME			
STREET ADDRESS	6100 S.W. 93 COURT		1.3 ST	REET ADORESS			}
CITY-ST-ZIP	MIAMI FL 33176		1.4 CI	TY-ST-ZIP			
TITLE	SD DELETE		2.1 TI	LLE	•	☐ Change ☐ Ad	dition
NAME	MARZOA, RENE JR		22 N/	ME			
STREET ADDRESS	12783 S.W. 20 TERRACE		2.3 \$1	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		2.4 C	ITY-ST-ZIP			L.C.C.
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NAME						•	]
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TITLE		C Defete	6.2 N				
NAME	İ		0.2.10				- 1

CITY-ST-ZIP 14. I hereby certify that the information exemplied 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 of 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 of 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 chapted, or of an attachment with an address, with all other like empowered.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

445-8686

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90116 031 \*\*\*150.00