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**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059163 (1)

CENTRO EXPORT APPLIANCES INC.

Principal Place of Business 2150 N.W. 17TH AVE. MIAMI FL 33142

## **FILED** Apr 30 1998 8:00am Secretary of State



Mailing Address 2150 N.W. 17TH AVE. MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0689720 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution idded to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. □ No 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JIMENEZ, FREDDY 2150 N.W. 17TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 84 City Zip Code 85 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS CR2E034 (10/97 13. PD DELETE Addition 1.1 TITLE TITLE Change JIMENEZ, FREDDY NAME 1.2 NAME 2150 N.W. 17TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition VD 2 1 TITLE TITLE SILVEIRA, JUAN L NAME 2 2 NAME C/O 2150 N.W. 17TH AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETÉ 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP

14. I 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 address.

SIGNATURE:

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