

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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90036 042 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000032911**

1. Corporation Name  
**CENTER POINT SERVICES, INC.**



Principal Place of Business	Mailing Address
2601 S BAYSHORE DR. STE 1250 SUITE 1425 MIAMI FL 33133 US	2601 S BAYSHORE DR. STE 1250 SUITE 1425 MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25 29 30	

3. Date Incorporated or Qualified	Applied For
04/11/1997	
4. FEI Number	Not Applicable
65-0747804	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROBERT A FREEMAN, P.A.  
 2601 S. BAYSHORE DRIVE  
 STE 1250  
 MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	BLANCA I. RUIZ
82 Street Address (P.O. Box Number is Not Acceptable)	
83	7236 NW 72 AVE
84 City	MIAMI - FL
85 Zip Code	FL 33166

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 BLANCA I. RUIZ Blanca Irma G. Ruiz 4/12/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, ROBERT A	
STREET ADDRESS	2601 S BAYSHORE DR. STE 1250	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RANSOME, DAVID	
STREET ADDRESS	2601 S BAYSHORE DR #1250	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RUIZ, BLANCA I	
STREET ADDRESS	2601 S BAYSHORE DR, #1250	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FRANCES, LOUNDES	
STREET ADDRESS	2601 S BAYSHORE DR #1250	
CITY-ST-ZIP	MIAMI FL 33133	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	- 7236 NW 72 AVE	
2.4 CITY-ST-ZIP	- MIAMI - FL 33166	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	- 7236 NW 72 AVE	
3.4 CITY-ST-ZIP	- MIAMI - FL 33166	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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