


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90012 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000057645

1. Corporation Name
CENTAURUS, INC.



Principal Place of Business 100 SE 2ND ST, SUITE 2150 MIAMI FL 33131	Mailing Address 100 SE 2ND ST, SUITE 2150 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6810 SW 65 ST Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA Zip 24 33143 Country 25		2a. Mailing Address 26 6810 SW 65 ST Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 29 33143 Country 30		3. Date incorporated or Qualified 06/26/1998	4. FEI Number 650861329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent
ENGELS, MARTIN
100 SE 2ND ST, SUITE 2150
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name **FRANCISCO VICTORIA**
 82 Street Address (P.O. Box Number is Not Acceptable)
6810 SW 65 ST
 83
 84 City **MIAMI** FL 85 Zip Code **33143**

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 *Francisco Victoria* **FRANCISCO VICTORIA** DATE **1-25-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ENGELS, MARTIN
STREET ADDRESS	100 SE 2ND ST, SUITE 2150
CITY-ST-ZIP	MIAMI FL 33131
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	LEONARD BOORD
STREET ADDRESS	8510 SW 52 AVE.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	FRANCISCO VICTORIA
STREET ADDRESS	6810 SW 65 ST
CITY-ST-ZIP	MIAMI FL 33143
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francisco Victoria* **FRANCISCO VICTORIA** DATE **1-25-99** Daytime Phone # **(305) 772-7655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)