05-10-1999 90197 042 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000084202

1. Corporation Name

Principal Place of Business

CENTER HOLDINGS, INC.

785 CRANDON BLVD. TOWER 2. SUITE 303 KEY BISCAYNE FL 33149		785 CRANDON BLVD. TOWER 2. SUITE 303 KEY BISCAYNE FL 33149		DO NOT WRITE IN THIS SPACE 3: Date Incorporated or Qualified				
	-					09/30/1998		
Principal Place of Business 2a. Mailing Address						4. FEI Number	A	oplied For
26						65-0866676	N	ot Applicable
Suite, Apt.	Suite, Apt. #, etc.	pt. #, etc.			5. Certificate of Status Desired	*	Additional equired	
22						6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution		to Fees
Zip Country Zip			Country			This corporation owes the current year I		
24	25	_ 	30	•		Personal Property Tax.	∐Yes	□No
	9. Name and Address of Curre					10. Name and Address of New Registere	d Agent	
			8	31	Name			
DIAS COSTA, TEREZA			1	82 Street Address (P.O. Box Number is Not Acceptable)				
785 CRANDON BLVD. TOWER 2, SUITE 303			-	33			 	
	BISCAYNE FL 33149							
			1	34	City	F	L 85 Zip	Code
agent, I a	* (e () _					or ation submits this statement for the pulpose on's board of directors. I hereby accept the app of the pulpose of the pulpose of the pulpose on the pulpose of the pulpose		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	0	☐ DELETE	1.1 TITL	E			Change	☐ Addition
NAME DIAS COSTA, TEREZA			1.2 NAME					1
STREET ADDRESS 785 CRANDON BLVD. TOWER 2, SUITE 303			1.3 STREET ADDRESS		ADDRESS			l
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY	-ST	- ZIP			
TITLE	D	☐ DELETE	2.1 TITL	Е			Change	Addition
NAME	ALVAREZ DE CASTRO, LOPO JR.		2.2 NAM	2.2 NAME				
STREET ADDRESS 785 CRANDON BLVD. TOWER 2, SUITE 303			2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP				
TITLE	DELETE		3.1 TITL	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAM	Œ				
STREET ADDRESS			3.3 STR	EET	ADDRESS			
CITY-ST-ZIP			3.4. CIT	_	:-ZIP			
TITLE		DELETE.	4,1 TITL	E	ļ		Change	Addition
NAME			4. 2 NAM	ИE				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		D ACLES	4.4 CITY		-ZIP	<u></u>	Change	Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM					[] Addidon
NAME				_	ADDDESS			
STREET ADDRESS				5.3 STREET ADDRESS 5.4 CITY+ST-ZIP				
CITY OT 7ID	ì		5.4 UII Y	· 51	· 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

305 778-9508

Change

☐ Addition