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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90222 002 ***150.00

DOCUMENT # S02381 1. Corporation Name	
LANDSTAR CENTERS, INC.	(HERDIGUE IN ORDIO HERDE HIRR DORN BURN BOOM BEGUN BOOM BURN BURN BURN BURN BURN BURN BURN BURN

Principal Place	of Business	Mailing Address				
550 BILTMORE	WAY	550 BILTMORE WAY				
#1110		#110				DO NOT WRITE IN THIS SPACE
CORAL GABLES	S FL 33134	CORAL GABLES FL 33134				
US		US				3. Date Incorporated or Qualifed
		1				09/26/1990
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0316226 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required
22		27				
City & State	9 .	City & State				6 Election Campaign Financing 55.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Intangible	
24	25	29 30	<u>' </u>			Personal Property Tax.
	9. Name and Address of Current	Registered Agent		AT.		10. Name and Address of New Registered Agent
14/61/	SEMEND TOOCDU T			81	Name	
	SENFELD, JOSEPH J			82	Street A	ddress (P.O. Box Number is Not Acceptable)
	BILTMORE WAY					
	1120			83		
COR	AL GABLES FL 33134			-	-	85 Zip Code
	•			84	City	FL 85 Zip Code
11 Dureuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the al	LL bove-	named c	ornoration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State o	f Florida. Such change was auth	orized	i by tr	ne corpor	ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statu	utes.		
SIGNATURE						ouired when reinstatino) DATE
	Signature, typed or printed name of registered agent		_	Agent s	signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPD	☐ DELETE	1.1 TIT		!	
NAME	ECKSTEIN, BERNARD		1.2 NA	ME	i	
STREET ADDRESS	550 BILTMORE WAY #1110		1.3 STREET ADI		ODRESS	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		Z!P	
TITLE	PD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	STERN, RODOLFO		2.2 NAME		-	
	550 BILTMORE WAY #1110		2.3 STREET ADDRI		UDBESS	
STREET ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL	☐ DELETE	2. 4 CITY-ST-2		-ZIP	☐ Change ☐ Addition
TITLE	VPD	□ DELETE	3.1 TITLE		1	·
NAME	STERN, EDUARDO		3.2 NAME		İ	
STREET ADDRESS	550 BILTMORE WAY #1110		3.3 ST		ODRESS	
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY-S		ZIP	
TITLE	VSD	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	SERVIANSKY, DAVID		4. 2 N	AME	- 1	{
STREET ADDRESS	550 BILTMORE WAY #1110		4.3 ST	REETA	ODRESS	
CITY-ST-ZIP	CORAL GABLES FL			TY-ST-		
TITLE	VTD	☐ DELETE	5.1 TIT			☐ Change ☐ Addition
			5.2 NA			
NAME	HOWITZ, ROBERTO				ADDRESS	
STREET ADDRESS	550 BILTMORE WAY #1110					
CITY-ST-ZIP	CORAL GABLES FL			TY-ST-	ZIP .	Channe C Addition
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 N/	AME		
STREET ADDRESS			6.3 ST	FREET A	NODRESS	
CITY-ST-ZIP		1 1		TY-ST-		J
14. I hereby o	Lertify that the information supplied with	this filipg does not quarty for th				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 accura-	and	1	my signa	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachmen

SIGNATURE AND THE COOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

305-461-2440

Daytime Phone #

=:::