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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # S97212

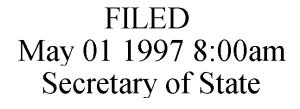
(2)

CENTENNIAL CENTRAL, INC.

Principal Place of Business

Mailing Address

2500 NW 39TH ST MIAMI FL 33142 2500 NW 39 ST MIAMI FL 33142-5259





US	•						}			
							3. Date Incorporated or Qualified 11/27/1991	3a. Date of 1 03/05/19		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		Applied For	
21		26	<u> </u>				65-0308159		Not Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired	, , , ,	.75 Additional	
22		27	4				5. Continuate of claims bosined	F	ee Required	
City & State	9	City &	City & State				6. Election Campaign Financing		5.00 May Be	
23		28				··	Trust Fund Contribution		dded to Fees	
Zip	Country	Zip		<del></del>	ountry		This corporation has liability for it.		nder s. 199.032,	
24	25	29		30				Yes No		
	9, Name and Address of Current	t Registered A	gent		81	Name	10. Name and Address of New Re	gistered Agent		
	MM, WARREN J				"	ivame				
THE CENTENNIAL GROUP 2500 NW 39TH STREET					82 Street Address (P.O. Box Number is Not Acceptable)					
MIAN	A) FL 33142				83					
•					84	City		FI 85	Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508	Florida Statut	es, the a	above	-named co	orporation submits this statement for the p	urpose of chan	ging its registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida, Such	i change was a	authoriza	ed by	the corpor	ration's board of directors. I hereby accept	t the appointm	ent as registered	
SIGNATURE	Signature, typed or printed name of registered ager	nt end title if applicab	elc (ND1	I Register	red Agei	nt signatum rec	quired when reinstaling)	DATE		
12.	OFFICERS AND	DIRECTORS		13	١.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
TITLE	ST		DELETE	1.13	TITLE				nange 🔲 Addition	
NAME	BARR, ARTHUR			1.2 (	NAME					
STREET ADDRESS	2500 NW 39 ST			1.3 5	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL .			1.4	CITY-S	1-ZIP				
TITLE	P		DELETE	2.1	TITLE			C	hange Addition	
NAME	PASCUCCI, SAM			2.2 5	NAME				^	
STREET ADDRESS	2500 NW 39 ST			2.3 3	STREET.	ADDRESS		6	( )	
CITY-ST-ZIP	MIAM) FL			2 4	CITY-S	IT-ZIP		$\sim$	(1), B	
TITLE			DELETE		TITLE			170	College LJ Addition	
NAME				3.21	NAME			\	17/1/	
STREET ADDRESS						ADDRESS			/ Ky \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CITY-ST-ZIP					CITY-S				$\mathcal{O}^{V}$	
TITLE			DELETE		THLE			C	nange [_] Addition	
NAME					NAME			·		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					CITY-S					
TITLE			DELETE		TITLE			C	hange Addition	
NAME				1	NAME				•	
STREET ADDRESS						ADDRESS	90000216 -05/06/970108	<u> </u>	I	
CITY-ST-ZIP							-05/06/970108	ьUE4		
TITLE			DELETE		CHTY-ST	1 - 241'	***165.00	C		
NAME			PLUE PLUE	•	NAME	Ì		٥٠	La riduitor	
						ADDDCCC				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				6.4	CITY - S	1- ZIP				

14. I do 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 go portainen or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 130 changes are on all attachment with an address.