

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V06024 (6)  
1. Corporation Name  
CENTIER CORP.



Principal Place of Business  
6187 NW 167 STREET  
#H-1  
MIAMI LAKES FL 33015  
US

Mailing Address  
PO BOX 170055  
MIAMI LAKES FL 33017  
US

3. Date Incorporated or Qualified  
01/13/1992

3a. Date of Last Report  
04/27/1995

4. FEI Number  
65-0313313

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

SIEGEL, WILLIAM  
7699 N.W. 79 AVE  
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D SANCHEZ, ROSS M	1680 LAKESHORE DR.	FT. LAUDERDALE FL 33326	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
11	President				<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Paul Ziegler				<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	2844 Oakbrook Drive				<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Ft. Lauderdale, FL 33331				<input type="checkbox"/>	<input checked="" type="checkbox"/>
21					<input type="checkbox"/>	<input type="checkbox"/>
22					<input type="checkbox"/>	<input type="checkbox"/>
23					<input type="checkbox"/>	<input type="checkbox"/>
24					<input type="checkbox"/>	<input type="checkbox"/>
31					<input type="checkbox"/>	<input type="checkbox"/>
32					<input type="checkbox"/>	<input type="checkbox"/>
33					<input type="checkbox"/>	<input type="checkbox"/>
34					<input type="checkbox"/>	<input type="checkbox"/>
41					<input type="checkbox"/>	<input type="checkbox"/>
42					<input type="checkbox"/>	<input type="checkbox"/>
43					<input type="checkbox"/>	<input type="checkbox"/>
44					<input type="checkbox"/>	<input type="checkbox"/>
51					<input type="checkbox"/>	<input type="checkbox"/>
52					<input type="checkbox"/>	<input type="checkbox"/>
53					<input type="checkbox"/>	<input type="checkbox"/>
54					<input type="checkbox"/>	<input type="checkbox"/>
61					<input type="checkbox"/>	<input type="checkbox"/>
62					<input type="checkbox"/>	<input type="checkbox"/>
63					<input type="checkbox"/>	<input type="checkbox"/>
64					<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL ZIEGLER, PRESIDENT

6/1/96

(38) 824-5000