

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V14838** (9)

1. Corporation Name

CENTURY LAND INVESTMENTS, INC.

Principal Place of Business

**% MIAMI CORPORATE SYSTEMS INC
5200 BLUE LAGOON DR #700
MIAMI FL 33128**

Mailing Address

**901 SW 69TH AVE
MIAMI FL 33144
US**



2. Principal Place of Business

2a. Mailing Address

21 **901 SW 69TH AVE**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

28

Zip

24

Country

29

Country

33144

U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/18/1992

3a. Date of Last Report

03/13/1995

4. FET Number

59-2765736

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81

Name

Sergio Pino

82

Street Address (P.O. Box Number is Not Acceptable)

901 SW 69 Ave.

83

84

Miami

FL

85

Zip Code

33144

11. Pursuant to the provisions of Sections 607.0102 and 607.1504, 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 607.0103, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to sign this report

Signature of Registered Agent, if different from above

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
PINO, SERGIO
% 5200 BLUE LAGOON DR
MIAMI FL**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that if my name appears in Block 12 or Block 13 it changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

(305) 261-4731

CR2E034 (12/95)