FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V53589** **(0)**

1. Corporation Name
CENPRO IMPORT & XPORT CORPORATION

Principal Place of Business	Mailing Address
520 BRICKELL KEY DR SUITE 305 MIAMI FL 33131	520 BRICKELL KEY DR SUITE 305 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/28/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 8623 NW. 54 St.
22 Suite, Apt. #, etc.
23 City & State: Miami, Florida
24 Zip: 33166 25 Country: USA

2a. Mailing Address
26 8623 NW. 54 Street
27 Suite, Apt. #, etc.
28 City & State: Miami, FL
29 Zip: 33166 30 Country: USA

4. FEI Number: 65-0347179 ☐ 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

9. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
520 BRICKELL KEY DR
SUITE 305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Gabriel Prats
82 Street Address (P.O. Box Number is Not Acceptable): 131 Majorca Avenue,
83 Suite C.
84 City: Coral Gables FL 85 Zip Code: 33134

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] 4-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D, S, P, T,	☒ Change ☐ Addition
NAME	KIRILAUSCAS, RICARDO	12 NAME	KIRILAUSCAS, RICARDO	
STREET ADDRESS	520 BRICKELL KEY DR	13 STREET ADDRESS	10500 SW 98 STREET	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33176	
TITLE	AS	21 TITLE	D	☐ Change ☒ Addition
NAME	FERNANDEZ, EDUARDO	22 NAME	KIRILAUSCAS, ROSA MARIA	
STREET ADDRESS	520 BRICKELL KEY DR.	23 STREET ADDRESS	10500 SW. 98 Street	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33176	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 addition.

SIGNATURE: [signature] 4-25-95 (305) 591-0166
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR Date Daytime Phone #

0190201 CP