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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12: 53

DOCUMENT # 385589 (7)

1. Corporation Name
ANACAONA & LONJEFF, INC.

Principal Place of Business
8745 S.W. 131 STREET
MIAMI FL 33176

Mailing Address
8745 S.W. 131 STREET
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8751 N. W. 99 STREET	2a. Mailing Address 26 8751 N. W. 99 STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MEDLEY, FL 33178-2944	City & State 28 MEDLEY,, FL 33178-2944
Zip 24 33178-2944 / Country 25 DADE	Zip 29 33178-2944 / Country 30 DADE

3. Date Incorporated or Qualified: 07/21/1971
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1354289 ☐ 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

BERRY,LORENZO D
13455 SW 58 CT.
MIAMI FL 33156

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERRY,LORENZO D
STREET ADDRESS	13455 SW 58 CT.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BERRY,FLERIDA
STREET ADDRESS	13455 SW 58 CT.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BERRY,LORENZO D III
STREET ADDRESS	13455 SW 58 CT.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BERRY, JEFFREY M.
STREET ADDRESS	13455 SW 58 CT.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 address.

SIGNATURE: Lorenzo D Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/07/95 305 888 4538

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