

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 566750 (6)  
1. Corporation Name  
ANARAMI ENTERPRISES INC.

Principal Place of Business: 1245 S.W. 2ND AVE. MIAMI FL 33130  
Mailing Address: 1245 S.W. 2ND AVE. MIAMI FL 33130

3. Date Incorporated or Qualified: 03/02/1978  
3a. Date of Last Report: 06/28/1994  
4. FEI Number: 59-1795803  
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. 190.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
~~RAMIREZ, JESUS~~  
1245 S.W. 2ND AVE  
MIAMI FL 33130

10. Name and Address of New Registered Agent  
81 Name: JESUS I RAMIREZ  
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: *Jesus I. Ramirez* DATE: 3/29/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<del>RAMIREZ, JESUS</del>	
STREET ADDRESS	1245 S.W. 2nd AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAMIREZ, ANA	
STREET ADDRESS	1245 S.W. 2ND AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RAMIREZ, JESUS I
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	600001847446
63 STREET ADDRESS	-06/03/96--01026--016
64 CITY- ST- ZIP	***200.00

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jesus I. Ramirez* DATE: 3/29/96  
305-856-1455  
CS 5/11/96

CR2E034 (12/95)