

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000064200 (5)**  
 1. Corporation Name  
**ANPESIL OF FLORIDA, INC.**

Principal Place of Business	Mailing Address
<b>7220 NORTHWEST 36th STREET SUITE 636 MIAMI, FL 33166</b>	<b>7220 NORTHWEST 36th ST. SUITE 636 MIAMI, FL 31166</b>

2. Principal Place of Business	2a. Mailing Address
21 <b>7190 NW 12th STREET</b>	26 <b>7190 NW 12th STREET</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>MIAMI, FL</b>	28 <b>MIAMI, FL</b>
24 <b>33126</b>	29 <b>33126</b>
25 Country	30 <b>DADE</b>

3. Date incorporated or Qualified	3a. Date of Last Report
<b>08/18/1995</b>	<b>1996</b>
4. FEI Number	Applied For
<b>65-0608693</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PELAEZ, EMILIO**  
**7190 N.W. 12th STREET**  
**MIAMI, FL 33126**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

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 title if applicable) (IND: Registration Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>ALPIZAR, OLGA</b>	
STREET ADDRESS	<b>6059 BOULEVARD EAST</b>	
CITY-ST-ZIP	<b>WEST NEW YORK, N.J. 07093</b>	
TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>PELAEZ, JR. ANTONIO</b>	
STREET ADDRESS	<b>797 SHETLAND LANE</b>	
CITY-ST-ZIP	<b>RIDGEFIELD, N.J. 07657</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>PELAEZ, EMILIO</b>	
STREET ADDRESS	<b>408 B ELIZABETH STREET</b>	
CITY-ST-ZIP	<b>FORT LEE, N. J. 07024</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>PELAEZ, LUIS M.</b>	
STREET ADDRESS	<b>811 RAY AVENUE</b>	
CITY-ST-ZIP	<b>RIDGEFIELD, N. J. 07657</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**000002118330**  Change  Addition  
**-03/19/97--01109--001**  
**\*\*\*165.00**

14. I do hereby certify that the information supplied with this filing 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, changed, or on an attachment with an address.

SIGNATURE:  **EMILIO PELAEZ** **3/19/97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day in a 11 cnc #

CR2E034 (9/96)