

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

FILED

**Jan 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000045288 (3)

1. Corporation Name
ANPER CORPORATION



Principal Place of Business: 14961 SW 42 TER. MIAMI FL 33185
Mailing Address: 14961 SW 42 TER. MIAMI FL 33185-4350

3. Date Incorporated or Qualified: 05/29/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 65-066 8908
Applied For: [Blank] / 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

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

9. Name and Address of Current Registered Agent
**ANGOLA, HELEN B
14961 SW 42 TER.
MIAMI FL 33185**

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] 85 Zip Code: FL [Blank]

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] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ANGOLA, MARIA C	
STREET ADDRESS	14961 SW 42 TER.	
CITY - ST - ZIP	MIAMI FL 33185	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ANGOLA, RENEE E	
STREET ADDRESS	14961 SW 42 TER.	
CITY - ST - ZIP	MIAMI FL 33185	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY - ST - ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY - ST - ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY - ST - ZIP	[Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	HELEN B. ANGOLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		14961 SW 42 TER.	
1.3 STREET ADDRESS		MIAMI, FL. 33185	
1.4 CITY - ST - ZIP			
2.1 TITLE	DV	JENNY A. ANGOLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		14961 SW 42 TER.	
2.3 STREET ADDRESS		MIAMI, FL. 33185	
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			

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 if changed, or as an attachment with an address.

SIGNATURE: [Signature] (Helen B. Angola) SECRETARY / 2/2/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/2/97 Daytime Phone #: (305) 266-5501

CR2E034 (9/96)