

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S40147** (8)

1. Corporation Name
AN-PE ENTERPRISES, INC.



Principal Place of Business
**1900 S.W. 57TH AVE.
A
MIAMI FL 33155
US**

Mailing Address
**1900 S.W. 57TH AVE.
MIAMI FL 33155**

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

3. Date Incorporated or Qualified
03/22/1991

3a. Date of Last Report
11/01/1995

4. FEI Number
65-0254947

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
**GARCIA, JOSE
1900 S.W. 57TH AVE.
MIAMI FL 33155**

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 _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, JOSE	
STREET ADDRESS	1900 S.W. 57TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SABINA, ELISA	
STREET ADDRESS	9021 SW 11TH STREET	
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

1. TITLE	D/V/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Garcia, Jose	
3. STREET ADDRESS	1900 SW 57th Ave #2	
4. CITY-ST-ZIP	Miami, FL 33155	
5. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Garcia, Elisa	
7. STREET ADDRESS	9021 SW 11 ST	
8. CITY-ST-ZIP	Miami, FL 33174	
9. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Garcia, Rosario	
11. STREET ADDRESS	1900 SW 57th Ave #2	
12. CITY-ST-ZIP	Miami, FL 33155	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

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*****225.00**

2/4-15

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 Book 12 or Book 13 (if changed) or on an attachment with an address.

SIGNATURE: *Elisa Garcia* **Elisa Garcia, President** 4/10/96 264-9264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)