

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

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95 APR 26 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # V41770
1. Corporation Name
ANVACU, INC.

Principal Place of Business
104 Crandon Blvd.
Suite 305
Key Biscayne, FL 33149

Mailing Address
7901 N.W. 21 Street
Miami, FL 33122

3. Date Incorporated or Qualified: 6/8/92
3a. Date of Last Report: 8/15/94

2. Principal Place of Business
21 7901 N.W. 21 Street
Suite, Apt. #, etc.

2a. Mailing Address
26 7901 N.W. 21 Street
Suite, Apt. #, etc.

22 City & State: Miami, FL
27 City & State

23 Zip: 33122
25 Country: USA
29 Zip
30 Country

4. FEI Number: 65-0364083
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
Corporation Company of Miami
201 S. Biscayne Blvd.
1500 Miami Center
Miami, FL 33131

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russi, Ricardo L.	1.2 NAME	
STREET ADDRESS	7901 N.W. 21 Street	1.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33122	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Uribe, Luis Carlos	2.2 NAME	
STREET ADDRESS	7901 N.W. 21 Street	2.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33122	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	V
STREET ADDRESS		3.3 STREET ADDRESS	Jaramillo, Mauricio
CITY - ST - ZIP		3.4 CITY - ST - ZIP	7901 N.W. 21 Street Miami, FL 33122
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	TIS, 4/26/95
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: Mauricio Jaramillo 4-14-95 305-594-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Chapter 19, sec. 2)