

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 2 11 01 34

DOCUMENT # 408641 (9)

1. Corporation Name

ASNAT CORP.

Principal Place of Business

Mailing Address

C/O BUDOWSKY
4100 N.E. 163 STREET, #314
NO. MIAMI BEACH FL 33162

C/O BUDOWSKY
4100 N.E. 163 STREET, #314
NO. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/12/1972

3a. Date of Last Report
02/08/1994

2. Principal Place of Business

2a. Mailing Address

21 1550 N.E. MIAMI GARDENS
Suite, Apt. #, etc. #410

26 SAME
Suite, Apt. #, etc. AS

22 City & State
23 NO. MIAMI BEACH, FLA.

27 City & State
28 PLACE OF

24 Zip 33179 25 Country DAD

29 Zip BUSINESS

4. FEI Number
59-1494956

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

10. Name and Address of New Registered Agent

MANNHEIM, URIEL
1506 S.W. 23RD ST.
MIAMI FL 33145

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(Signature must be printed name of registered agent and title of officer)

(Signature must be printed name of registered agent and title of officer)

(Signature must be printed name of registered agent and title of officer)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BURRO, JOHN SWAN
STREET ADDRESS	P.O. BOX N4465 N/A
CITY ST ZIP	NASSAU BAHAMAS
TITLE	SD
NAME	LUNN, DAVID
STREET ADDRESS	P.O. BOX N4465 N/A
CITY ST ZIP	NASSAU BAHAMAS NY
TITLE	TD
NAME	BRYAN, KNOWLES
STREET ADDRESS	P.O. BOX N4465 N/A
CITY ST ZIP	NASSAU BAHAMAS
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 23, 1995