FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **408641** **(9)**

1. Corporation Name

ASNAT CORP.

Principal Place of Business	Mailing Address
1550 NE MIAMI GARDENS DR STE 410 N MIAMI BRACH FL 33179 US	1550 NE MIAMI GARDENS DR STE 410 N MIAMI BEACH FL 33179 US

3. Date Incorporated or Qualified: 09/12/1972	3a. Date of Last Report: 06/02/1995
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	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

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

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's signature required if changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	BURRO, JOHN SWAN		1.2 NAME	SYDNEY MORRIS	
STREET ADDRESS	P.O. BOX N4465 N/A		1.3 STREET ADDRESS	P.O. Box N 8327 N/A	
CITY-ST-ZIP	NASSAU BAHAMAS		1.4 CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LUNN, DAVID		2.2 NAME		
STREET ADDRESS	P.O. BOX N4465 N/A		2.3 STREET ADDRESS	P.O. Box N 8327 N/A	
CITY-ST-ZIP	NASSAU BAHAMAS NY		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	BRYAN, KNOWLES		3.2 NAME	IVYLYN CASSAR	
STREET ADDRESS	P.O. BOX N4465 N/A		3.3 STREET ADDRESS	P.O. Box N 8327 N/A	
CITY-ST-ZIP	NASSAU BAHAMAS		3.4 CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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)(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: X _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X _____ Date: February 26, 1996 Daytime Phone #

CR2E034 (12/95)