

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 # **K80117** (0)

1. Corporation Name
ANA ADVERTISING, INC.



Principal Place of Business

**4995 NW 79 AVE
107
MIAMI FL 33166
US**

Mailing Address

**P O BOX 650002
P. O. BOX 650002
MIAMI FL 33265
US**

3. Date Incorporated or Qualified
04/13/1989

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
65-0112325

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

**DE LOS RIOS, AUGUSTO
8000 SW 149 AVE
SUITE A-211
MIAMI FL 33193**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **DE LOS RIOS, AUGUSTO**
STREET ADDRESS **8000 S.W. 149TH AVE A211**
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE
NAME **DE LOS RIOS, TATIANA**
STREET ADDRESS **8000 S.W. 149TH AVE A211**
CITY-ST-ZIP **MIAMI FL**

TITLE **VT** ☐ DELETE
NAME **DE LOS RIOS, ERICA**
STREET ADDRESS **8000 S.W. 149TH AVE A211**
CITY-ST-ZIP **MIAMI FL**

TITLE **VS** ☐ DELETE
NAME **AHUMADA, MARTHA P.**
STREET ADDRESS **8000 S.W. 149TH AVE A211**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **DE LOS RIOS, SANDRA**
STREET ADDRESS **8000 SW 149TH AVE., A211**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **DE LOS RIOS, CRISTINA**
STREET ADDRESS **8000 SW 149TH AVE., A211**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)