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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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:

1550 NE MIAMI GARDENS DR
STE 410
N MIAMI BEACH FL 33179
US

Mailing Address:

1550 NE MIAMI GARDENS DR
STE 410
N MIAMI BEACH FL 33179-4836
US

3. Date Incorporated or Qualified
09/12/1972

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

Signature typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORRIS, SYDNEY
STREET ADDRESS P.O. BOX 8327 N/A
CITY- ST- ZIP NASSAU BAHAMAS ☐ DELETE

TITLE SD
NAME ~~LUNN, DAVID~~
STREET ADDRESS ~~P.O. BOX 8327 N/A~~
CITY- ST- ZIP ~~NASSAU BAHAMAS NY~~ ☒ DELETE

TITLE TD
NAME ~~CASSAR, WYLYN~~
STREET ADDRESS ~~P.O. BOX 8327 N/A~~
CITY- ST- ZIP ~~NASSAU BAHAMAS~~ ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 SD
2.2 NAME Simmons, Ivamae
2.3 STREET ADDRESS P.O. Box N-8327 (N/A)
2.4 CITY- ST- ZIP Nassau, N.P. Bahamas ☐ Change ☒ Addition

3.1 TITLE TD
3.2 NAME Amoury, Iris
3.3 STREET ADDRESS P.O. Box N-8327 (N/A)
3.4 CITY- ST- ZIP Nassau, N.P. Bahamas ☐ Change ☒ Addition

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *Ivamae Simmons* IVAMAE SIMMONS

Feb 10, 1997 242-322 7461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)