FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 2:34

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
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	2a. Mailing Address
21 1450 N.E. MIAMI GARDENS DR.	26 SAME
22 Suite, Apt. #, etc # 410	27 Suite, Apt. #, etc. A3
23 City & State NO. MIAMI BEACH, FLA.	28 City & State PRINCIPAL PLACE OF
24 Zip 33179 25 Country DADE	29 Zip 30 Country BUSINESS

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 (Required) (Typed or printed name of registered agent and title if applicable) (Date) (Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BURRO, JOHN SWAN	12 NAME	
STREET ADDRESS	P.O. BOX N4465 N/A	13 STREET ADDRESS	
CITY ST ZIP	NASSAU BAHAMAS	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	LUNN, DAVID	22 NAME	
STREET ADDRESS	P.O. BOX N4465 N/A	23 STREET ADDRESS	
CITY ST ZIP	NASSAU BAHAMAS NY	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BRYAN, KNOWLES	32 NAME	
STREET ADDRESS	P.O. BOX N4465 N/A	33 STREET ADDRESS	
CITY ST ZIP	NASSAU BAHAMAS	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(i), 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] 6/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

X MAY 23, 1995 (Telephone Number)

0175522 CP