

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/12/1972

3a. Date of Last Report

06/02/1995

4. FL 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

10. Name and Address of New Registered Agent

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

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 then it applicable.

(NOTE: Registered Agent signature required for this filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME BURRO, JOHN SWAN
STREET ADDRESS P.O. BOX N4465 N/A
CITY-ST-ZIP NASSAU BAHAMAS

TITLE SD ☐ DELETE
NAME LUNN, DAVID
STREET ADDRESS P.O. BOX N4465 N/A
CITY-ST-ZIP NASSAU BAHAMAS NY

TITLE TD ☒ DELETE
NAME BRYAN, KNOWLES
STREET ADDRESS P.O. BOX N4465 N/A
CITY-ST-ZIP NASSAU BAHAMAS

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 PD ☒ Change ☒ Addition
1.2 NAME SYDNEY MORRIS
1.3 STREET ADDRESS P.O. BOX N 8327 N/A
1.4 CITY-ST-ZIP NASSAU, BAHAMAS

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME P.O. BOX N 8327 N/A
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TD ☒ Change ☒ Addition
3.2 NAME IVYLYN CASSAR
3.3 STREET ADDRESS P.O. BOX N 8327 N/A
3.4 CITY-ST-ZIP NASSAU, BAHAMAS

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 26, 1996

Daytime Phone

CR2E034 (12/95)