FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

'95 MAY -1 AM 9:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 470253 (6)

1. Corporation Name

A NU TRANSFER, INC.

Principal Place of Business	Mailing Address
2401 NW 69TH ST MIAMI FL 33147	2401 NW 69TH ST MIAMI FL 33147

3. Date Incorporated or Qualified: 02/20/1975
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1627900 — 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SYKES, HARVEY
1757 WEST 62ND STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City: FL 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

12. OFFICERS AND DIRECTORS

Title	VD
Name	LESNIK, GERALD
Street Address	7633 SW 102 PLACE
City-St-Zip	MIAMI FL
Title	TD
Name	OFFEN, EMANUEL
Street Address	7627 SW 102 PLACE
City-St-Zip	MIAMI FL
Title	SD
Name	LUCHESE, JOSEPH
Street Address	9840 SW 103RD STREET
City-St-Zip	MIAMI FL
Title	PD
Name	SYKES, HARVEY
Street Address	1757 WEST 62ND ST.
City-St-Zip	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 305 835-6871

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