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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F38439**

(8)

1. Corporation Name
ASSA CORP.



Principal Place of Business

**8065 LOS PINOS CIRCLE
CORAL GABLES FL 33143**

Mailing Address

**8065 LOS PINOS CIRCLE
CORAL GABLES FL 33143**

3. Date Incorporated or Qualified

08/04/1981

3a. Date of Last Report

11/13/1995

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

10. Name and Address of New Registered Agent

**SKRANDE, ADOLFO
8065 LOS PINOS CIRCLE
CORAL GABLES FL 33143**

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 of Registered Agent or New Registered Agent (if applicable)

Signature of Registered Agent or New Registered Agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
SKRANDE, ADOLFO
8065 LOS PINOS CIRCLE
CORAL GABLES FL 33143**

TITLE ☐ DELETE

**S
SKRANDE, SUSANA A.
8065 LOS PINOS CIRCLE
CORAL GABLES FL 33143**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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:

Susana Skrande **SUSANA SKRANDE**

6/2/96

(305) 667-0137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Digitized by: [illegible]

CR2E034 (12/95)