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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H53741

1. Corporation Name

MANANA VENTURES, INC.

Principal Place	e of Business	Mailing Address					1 199184	0101 01100 11j.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6.6.7.1.207
12523 OVERSEAS HWY MARATHON FL 33050 US		PO BOX 523148 Marathon FL 33052 US					DO NO	T WRIT	TE IN T	THIS S	PACE			
•							Date Incorp. 04/18/198	85	ualifed	·				
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number 59-25452				··`			ed For pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc).				Certifcate of	f Status Des	sired			\$8.7 Fee	5 Add Requ	
City & State	е	City & State				6.	Election Car		-		_		00 Ma	,
Zip	Country	Zíp	Cour	ntrv			This corpora			ent vea	er Intan	aible		
	25	29	30			6.	Personal Pr			J , J.		Yes		Κνο
24	9. Name and Address of Cu		100			10.	Name and			Registe	red A	gent		
	e. 1101110 0114 11041000 01 01			81 N	lame									
	NSKY, ALBERT BISCAYNE BLVD			82 S	treet Ac	ddress (F	O. Box,Num	nber is Not	Accepta	able)				
	AI FL 33138			83								÷		
			-	84 C	ity		·	 	•		FL	85 Z	ip Co	de
office or r	to the provisions of Sections 607 egistered agent, or both, in the S	7.0502 and 607.1508, Florida	Statutes, the ab	ove-na	amed co	orporation	n submits this	s statement	for the	purpos	se of ch	nanging	its re	gistered
agent. I a SIGNATURE	m familiar with, and accept the o	bligations of, Section 607.050	5, Florida Statu	ites.				ors. I hereb	y accer		ррогла	nent a		tered
agent. I a	m familiar with, and accept the o	bligations of, Section 607.050 ad agent and title if applicable.	(NOTE: Registered	ites.		uired when i	einstating)	OIS THEFEO	y accep	DAT	E	·		
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6.4 CITY-ST-ZIP

14. I 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 indicated on this annual report of suppliemental and a 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 processor of 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90033 007 ***150.00