FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT AMENDED CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -9 PM 1:54

DOCUMENT # H65470

1. Corporation Name
ANACO, INC.

AMENDED

Principal Place of Business
10824 - 26 N.E. 6 Avenue
Miami, FL 33161

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 10824-26 N.E. 6 Ave.	2a. Mailing Address: 26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Miami, FL	City & State: 28
Zip: 24 33161 / Country: 25 Miami-Dade	Zip: 29 / Country: 30

3. Date Incorporated or Qualified: 07/08/85

4. FEI Number: 59-2553075 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Christopher P. Kelley, Esquire
11098 Biscayne Boulevard, Suite 205
Miami, FL 33161

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 [signature] Christopher P. Kelley 11/05/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☒ DELETE	1.1 TITLE	PSD ☒ Change ☐ Addition
NAME	Mabel Avendano	1.2 NAME	Alesi, Alan
STREET ADDRESS	600 N.E. 36 Street, #6	1.3 STREET ADDRESS	10826 N.E. 6 Avenue
CITY-ST-ZIP	Miami, FL 33137	1.4 CITY-ST-ZIP	Miami, FL 33161
TITLE	☐ DELETE	2.1 TITLE	VTD ☐ Change ☒ Addition
NAME		2.2 NAME	Anderson, Edwin
STREET ADDRESS		2.3 STREET ADDRESS	10826 N.E. 6 Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33161
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	500003050495--0 -11/22/99--01016--010 *****61.25 *****61.25
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	11/16
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: [signature] Edwin Anderson, Vice President 11/05/99 (305)758-3108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)