2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # H65470

1. Entity Name
ANACO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -2 AM 11:00

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10824-26 N.E. 6 Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33161 / Country: USA	Zip / Country

4. FEI Number: 59-2553075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Mabel Avendano 600 N.E. 36th Street, Apt. 6 Miami, FL 33137 US	Name: Christopher P. Kelley Street Address (P.O. Box Number Is Not Acceptable): 11098 Biscayne Boulevard, Suite 205 City: Miami FL Zip Code: 33161

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Christopher P. Kelley — Christopher P. Kelley — 06/19/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Mabel Avendano 600 N.E. 36th Street, Apt. 6 Miami, FL 33137	☒ Delete	PSD Alan Alesi 10826 N.E. 6 Avenue Miami, FL 33161	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Edwin Anderson 10826 N.E. 6 Avenue Miami, FL 33161	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Alesi, President 06/27/2000 (305) 751-2722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)