

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K41884 (3)

1. Corporation Name
ANNADA, INC.

Principal Place of Business

**BOX 142043
CORAL GABLES FL 33114-0043
2043**

Mailing Address

**BOX 142043
CORAL GABLES FL 33114-0043
2043**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/28/1988	3a. Date of Last Report 04/05/1994
4. FEI Number 65-0088352	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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. 1038 SW 22nd. Street	26. P.O. Box 142043
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. Miami, Florida	27.
City & State	City & State
23. 33129-2714 Dade	28. Coral Gables, FL
Zip	Zip
24. 33114-0043	30. Dade
Country	Country

9. Name and Address of Current Registered Agent

**FARRES, E.J. ESQ
1038 SW 22ND STREET
MIAMI FL 33129-2714**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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, 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PIGNA, JOSE A.	1.2 NAME	
STREET ADDRESS	EDIF. FONTAINEBLEAU	1.3 STREET ADDRESS	
CITY - ST - ZIP	CARACAS, VENEZUELA	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	PIGNA, ANA TERESA	2.2 NAME	
STREET ADDRESS	EDIF. FONTAINEBLEAU	2.3 STREET ADDRESS	
CITY - ST - ZIP	CARACAS, VENEZUELA	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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:

Jose A. Pigna
JOSE A. PIGNA President/Director

04-10-95 (305) 858-7444

File Daylene Hicken