

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90077 002 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # K75283**

1. Corporation Name  
**ANSAL CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O. INTERNATIONAL REAL ESTATE ENTERPRISES 13000 S.W. 120TH ST. MIAMI FL 33186 US	C/O INTERNATIONAL REAL ESTATE ENTERPRISES. INC. 13000 S.W. 120TH STREET MIAMI FL 33186 US

3. Date Incorporated or Qualified  
**03/24/1989**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

4. FEI Number  
**65-0116793**

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

**IT'L REAL ESTATE C/O IVANKA FROYO**  
**13000 SW 120ST**  
**SUITE 125**  
**MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	<b>PINZANI, ANTONIO</b>	
STREET ADDRESS	<b>13000 S W 120TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LUPINI, LUCIANO</b>	
STREET ADDRESS	<b>13000 S W 120TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>PINZANI, ELVA</b>	
STREET ADDRESS	<b>13000 S W 120TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>FRAGACHAN, CESAR</b>	
STREET ADDRESS	<b>13000 S W 120TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>PINZANI, MANUELLA</b>	
STREET ADDRESS	<b>13000 SW 120 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>PINZANI, ANTONELLA</b>	
STREET ADDRESS	<b>13000 SW 120TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PDT</b>
1.3 STREET ADDRESS	<b>Pinzani Antonio</b>
1.4 CITY-ST-ZIP	<b>13000 SW 120 street</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SD</b>
2.3 STREET ADDRESS	<b>Pinzani Elva</b>
2.4 CITY-ST-ZIP	<b>13000 sw 120 Street</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD</b>
3.3 STREET ADDRESS	<b>Pinzani Manuella</b>
3.4 CITY-ST-ZIP	<b>13000 SW 120 Street</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SD</b>
4.3 STREET ADDRESS	<b>Pinzani Antonella</b>
4.4 CITY-ST-ZIP	<b>13000 SW 120 Street</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **X** **SIGNATURE REQUIRED PRESIDENT. 4/12/1999 (305) 932-1032**

CR2E034 (1/98)