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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K80117 (0)**

1. Corporation Name
ANA ADVERTISING, INC.

Principal Place of Business Mailing Address
4905 NW 79 AVE P O BOX 650002
107 P. O. BOX 650002
MIAMI FL 33166 MIAMI FL 33265
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/13/1989	3a. Date of Last Report 03/15/1994
4. FEI Number 65-0112325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

9. Name and Address of Current Registered Agent

DE LOS RIOS, AUGUSTO
~~8857 N.W. 66TH STREET~~
~~MIAMI FL 33166~~
8000 S.W. 149 AVE., #A-211
MIAMI, FL 33193

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE LOS RIOS, AUGUSTO
STREET ADDRESS	8000 S.W. 149TH AVE A211
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	DE LOS RIOS, TATIANA
STREET ADDRESS	8000 S.W. 149TH AVE A211
CITY - ST - ZIP	MIAMI FL
TITLE	VT
NAME	DE LOS RIOS, ERICA
STREET ADDRESS	8000 S.W. 149TH AVE A211
CITY - ST - ZIP	MIAMI FL
TITLE	VS
NAME	AHUMADA, MARTHA P.
STREET ADDRESS	8000 S.W. 149TH AVE A211
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DE LOS RIOS, SANDRA
STREET ADDRESS	8000 SW 149TH AVE., A211
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DE LOS RIOS, CRISTINA
STREET ADDRESS	8000 SW 149TH AVE., A211
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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; that I am or have been empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of name or an attachment with an address.

SIGNATURE: *Augusto De Los Rios* **AUGUSTO DE LOS RIOS** *84-21-95-(605) 477-4175*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Here)