

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

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**Feb 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # K80117 (0)**

**1. Corporation Name  
ANA ADVERTISING, INC.**



**Principal Place of Business**  
~~4006 NW 20 AVE~~  
~~107~~  
**MIAMI FL 33168  
US**

**Mailing Address**  
**P O BOX 650002  
P. O. BOX 650002  
MIAMI FL 33265-0002  
US**

**3. Date Incorporated or Qualified** 04/13/1989 **3a. Date of Last Report** 04/30/1996

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b>	<b>Applied For</b>
<b>21</b> 8051 N.W. 36th ST.	<b>26</b>	<b>65-0112325</b>	Not Applicable
<b>22</b> Suite, Apt. #, etc. SUITE 603	<b>27</b> Suite, Apt. #, etc.	<b>6. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>23</b> City & State MIAMI, FL	<b>28</b> City & State	<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>24</b> Zip 33166	<b>25</b> Country USA	<b>29</b> Zip	<b>30</b> Country
		<b>6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**DE LOS RIOS, AUGUSTO  
8000 SW 149 AVE  
SUITE A-211  
MIAMI FL 33193**

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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DE LOS RIOS, AUGUSTO</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>8000 S.W. 149TH AVE A211</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>V</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DE LOS RIOS, TATIANA</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>8000 S.W. 149TH AVE A211</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VT</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DE LOS RIOS, ERICA</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>8000 S.W. 149TH AVE A211</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VS</b> <input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>AHUMADA, MARTHA P.</b>	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>8000 S.W. 149TH AVE A211</b>	<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DE LOS RIOS, SANDRA</b>	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>8000 SW 149TH AVE., A211</b>	<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DE LOS RIOS, CRISTINA</b>	<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>8000 SW 149TH AVE., A211</b>	<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>6.4 CITY-ST-ZIP</b>	

**14. I do 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 applicable, or an attachment with an address.**

**SIGNATURE:** *Sandra B. Mortham* **DE LOS RIOS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/27/97** **(305) 477-6175**  
Date Daytime Phone #

CR2E034 (9/96)