


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90261 042 ***150.00

PROFIT CORPORATION. ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06851

1. Corporation Name
ANI B.W. INTL., INC.



Principal Place of Business
1450 MADRUGA AVE
SUITE 305
CORAL GABLES FL 33146
US

Mailing Address
1450 MADRUGA AVE
SUITE 305
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 204 N. UNIVERSITY DR Suite, Apt. #, etc.	2a. Mailing Address 26 204 N. UNIVERSITY DR Suite, Apt. #, etc.	4. FEI Number 65-0138186	Applied For <input type="checkbox"/> Not Applicable
22 PEMBROKE PINES FL City & State	27 PEMBROKE PINES FL City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 33024 Zip Country	28 33024 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33024 Zip Country	29 33024 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HABER, DENNIS R.
1450 MADRUGA AVENUE
SUITE 305
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name **BONNIE S. MILLER, CPA**
 82 Street Address (P.O. Box Number is Not Acceptable)
10021 PINES BLVD
 83 **SUITE 212**
 84 City **PEMBROKE PINES FL** 85 Zip Code **33024**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

ANNE BOGNER
 (NOTE: Registered Agent signature required when reappointing)

4-15-99
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGNER, ANNE	1.2 NAME	
STREET ADDRESS	11290 NW 16TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGNER, ANNE	2.2 NAME	
STREET ADDRESS	11290 NW 16TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 *[Signature]* SIGNATURE *[Signature]* **ANNE BOGNER** **4-15-99** **(954) 431-3000**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

Bonnie S Miller CPA *5/4/99 (new registered agent)*

CR2E034 (1/198)