

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 15, 1994.
AMOUNT DUE ON OR BEFORE 8/14/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 AUG - 1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L83271 (1)

1. Corporation Name
A.N.S.I., INC.

Mailing Address
7935 NW 53RD ST.

Principal Place of Business
7935 NW 53RD ST.

MIAMI FL 33166
US

MIAMI FL 33166
US

If above addresses are incorrect in any way, find through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/26/1990	3a. Date of Last Report 07/30/1993
4. EEI Number 65-0201861	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

MOTTA OMAR
12318 S.W. 132 COURT
MIAMI FL

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/S	11 TITLE	
12 NAME	MOTTA OMAR	12 NAME	
13 STREET ADDRESS	12318 SW 132 COURT	13 STREET ADDRESS	
14 CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
21 TITLE	D/V/P	21 TITLE	
22 NAME	MOTTA ARMAND LINCOLN	22 NAME	
23 STREET ADDRESS	9701 HAMMOCK BLVD 107A	23 STREET ADDRESS	
24 CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
31 TITLE	D/P	31 TITLE	
32 NAME	GOMEZ NORALI	32 NAME	
33 STREET ADDRESS	19723 NW 48 CT	33 STREET ADDRESS	
34 CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 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 Sections 119.01, 119.02, Florida Statutes. I further certify that the information included 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 manager or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-94

205-547-5577