

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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05 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **L83271** (1)
 1. Corporation Name
A.N.S.I., INC.

Principal Place of Business Mailing Address
 7935 NW 53RD ST. MIAMI FL 33166 US
 7935 NW 53RD ST. MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	7999 NW 53rd St	26	7999 NW 53rd St	06/26/1990	07/06/1994
22. City & State		27. City & State		4. FEI Number	Applied For
23. Miami, FL		28. Miami, FL		65-0201861	Not Applicable
24. 33166	25. Dade	29. 33166	30. Dade	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. The corporation has liability for intangible tax under S. 190.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTA, OMAR	1. NAME	DS
STREET ADDRESS	12318 SW 132 COURT	1. STREET ADDRESS	MOTTA, OMAR
CITY, ST, ZIP	MIAMI FL	1. CITY, ST, ZIP	9735 NW 52 ST.
TITLE	DVP	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTA, ARMAND LINCOLN	2. NAME	DVP
STREET ADDRESS	9701 HAMMOCK BLVD 107A	2. STREET ADDRESS	ABREU, NORALI
CITY, ST, ZIP	MIAMI FL	2. CITY, ST, ZIP	19723 NW 48 CT.
TITLE	DP	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, NORALI	3. NAME	
STREET ADDRESS	19723 NW 48 CT	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the annual report of the corporation as required by Chapter 197, Florida Statutes, and that my name appears in the report as an officer or director of the corporation.

SIGNATURE: _____
 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X04-07-95 X305-547-5177