FILED

Feb 19, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

<u> </u>	1999	DIVISION	OF CORE	PORATIONS	02-19-1999 90052 001 ***150.00		
DO	CUMENT # M065	340			 		
1. Corp	poration Name) 4 0			1		
IMA	Ansmark distributing co	DRPORATION					
					/36//_90052_1	,	
Princina	Place of Business				I (BAIRAN) NA BANKA ANKAK ANKAK KAN ANAN ANKAY ANKAY ANKAY ANKAY ANKAY ANKAY		
		Mailing Address				#####	
MIAMI FL	32 NW 27 CT MIAMI FL 33125 32 NW 27 CT				And the state of t	11811 18 8 1	
us							
		05			DO NOT WRITE IN THIS SPACE		
2 Drings					Date Incorporated or Qualifed		
21	pal Place of Business	2a. Mailing Address			10/17/1984		
	Apt. #, etc.	26	26		4. FEI Number Applied Applied		
22	, oto.	Suite, Apt. #, etc.			59-246 1093 Applied Not App		
City &	State	27			5. Certificate of Status Desired S8.75 Addition	onal	
23		City & State			Fee Require	d	
Zip	Country	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May	Be	
24	25	Zip 29		intry		s	
<u> </u>	9. Name and Address of Cur	rent Registered Agent	30		This corporation owes the current year Intangible Personal Property Tax. Type Table		
1 0		- Agent		81 Name	10. Name and Address of New Registered Agent		
3	OJEDA, MANUEL E. 32 N.W. 27 CT. MIAMI FL 33125			Name	Name Name		
M				82 Street Add	reet Address (P.O. Box Number is Not Acceptable)		
				83			
	•			03			
11. Pursua	ant to the		[84 City			
Office o	or registered agent, or both, in the State	02 and 607.1508, Florida Statu	tes, the abo	OVE-Damed cost	FL 85 Zip Code]	
agent.	am familiar with, and accept the oblig	ations of, Section 607,0505. Fin	authorized I	by the corporation	poration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered	red	
SIGNATUR	Signature, typed or printed as a second		olatut	os.	accept the appointment as registered	1	
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE ND DIRECTORS	: Registered Ag	gent signature require	d when reinstation)	- 1	
TITLE	UV	DELETE	13.				
NAME	_OJEDA, MANUEL E	L) OECEIE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
STREET ADDRESS	s 32 N.W. 27 CT.	·	1.2 NAME	1	☐ Change ☐ Ad	dition	
C/TY-ST-ZIP	MIAMI FL			ET ADDRESS			
TITLE	OVP	☐ DELETE	1.4 CITY-:	ST-ZIP		- 1	
NAME	OJEDA, MANUEL N.		2.1 TITLE	1	☐ Change ☐ Add	Dat	
STREET ADDRESS	AND OUR OR WAS		2.2 NAME	1	.L. Change ☐ Add	ILION	
CITY-ST-ZIP	MIAMI FL			T ADDRESS		- 1	
IAME		☐ DELETE	2.4 CITY-5 3.1 TITLE	ST-ZIP	<u> </u>	- }	
TREET ADDRESS			3.2 NAME	ľ	☐ Change ☐ Addi	tion	
TY-ST-ZIP			3.3 STREET	ADDRESS			
TLE		 -	3.4. CITY-S	1		ļ	
AME		☐ DELETE	4.1 TITLE	1-2,11		- [
REET ADDRESS	·	4.2 NA		1	☐ Change ☐ Additi	ion	
TY-ST-ZIP			4.3 STREET	ADDRESS			
l.E			4.4 CITY-ST-	1			
ME	DELETE 5.1 TI		5.1 TITLE				
REET ADDRESS			5.2 NAME		☐ Change ☐ Addition	'n	
Y-ST-ZIP			5.3 STREET A	l l			
E		□ DELETE	5.4 CITY-ST-	ZIP			
1E		T DELETE	6.1 TITLE			4	
EET ADDRESS		. [6.2 NAME		☐ Change ☐ Additio		
-ST-ZIP			6.3 STREET AL	DDRESS	and the same of th		

14. I 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 rule and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.