

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M17794** (2)

1. Corporation Name

ANGRA INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**7752 N.W. 72 AVE.
MIAMI FL 33166**

**7752 N.W. 72 AVE.
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21 2920 N.W. 109 AVE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FL.

28 City & State

24 Zip

33172

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**FERNANDEZ, LUIS
7752 NW 72ND AVE.
MIAMI FL 33166**

3. Date Incorporated or Qualified
07/09/1985

3a. Date of Last Report
06/12/1995

4. FEI Number
59-2588554

Applied For
Not Applicable

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. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

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 provisions of Section 607.0505, Florida Statutes.

6-24-96

SIGNATURE

Signature of the person authorized to execute this report as required by Chapter 617, Florida Statutes, and the signature of the registered agent, if different, shall be typed or printed below the signature.

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FERNANDEZ, LUIS**
STREET ADDRESS **7752 N.W. 72 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ DELETE
NAME **FERNANDEZ, MARIA E.**
STREET ADDRESS **7752 N.W. 72 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME **2920 N.W. 109 AVE**
13 STREET ADDRESS **MIAMI, FL. 33172**
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME **2920 N.W. 109 AVE**
23 STREET ADDRESS **MIAMI, FL 33172**
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 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

6-24-96

(305) 592-2116

CR2E034 (3/96)