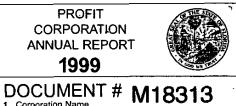
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550:00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90040 019 ***150.00

ASNI CORPORATION		}
•		
1 (D) and D and a second	Maritima Address	

ASNI CO	PRPORATION								
D. 1 (D)		64-11: Add-000				- 			010H 144H 188H
Principal Place	•	Mailing Address	_						
2735 N.W. 7TH MIAMI FL 33125		2735 N.W. 7TH STREE MIAMI FL 33125	ı						
	,					DO NOT WRI	TE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·
						3. Date Incorporated or Qualifed			J
_			_			07/22/1985	_		
	lace of Business	2a. Mailing Address				4. FEI Number		———	oplied For
21	* - '	26			<u> </u>	59-2768397	<u> </u>		ot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	equired
City & State	<u> </u>	City & State				6. Election Campaign Financing	_ 	\$5.00	May Be
23	•	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Col	untry		8. This corporation owes the curr	ent year Inta	angible	
24	25	29	30			Personal Property Tax.	•	Yes	□No
	9. Name and Address of Current				_	10. Name and Address of New	Registered A	Agent	-
				81 Na	ame	•			1
	TORO, RENE			82 St	reet Addres	ess (P.O. Box Number is Not Accept	able)		
2735	N.W. 7TH STREET			02 30	reet Addres				
MAIM	/II FL 33125			83					
				84 Ci	tu.			85 Zip	Code
				1 1 1	ıy		FL		
44 5	to the annuicine of Continue CO7 050	2 and 607 1500 Florida St	tatutas the s	-L	med corpor	ration submits this statement for the	nurnose of	changing it:	s registered
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida S of Florida. Such change w lions of, Section 607.0505	tatutes, the a as authorize , Florida Stat	above-nar d by the tutes.	med corpor corporation	oration submits this statement for the n's board of directors. I hereby acce		changing its	egistered
11. Pursuant office or nagent. I a	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Registere	d Agent sign		when reinstating)	OATE		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: Registere	d Agent sign			OATE	D DIRECT	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: Registere: 13. E 1,1 T	d Agent sign		when reinstating)	OATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN DPST DEL TORO, RENE	it and title if applicable. (D DIRECTORS DELETI	NOTE: Registered 13. E 1.1 T 1.2 N	d Agent sign ITLE IAME	ature required v	when reinstating)	OATE	D DIRECT	DRS IN 12
SIGNATURE 12. TITLE	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	it and title if applicable. (D DIRECTORS DELETI	NOTE: Registerer 13. E 1.1 T 1.2 N 1.3 S	d Agent sign ITLE IAME	ature required v	when reinstating)	OATE	D DIRECT	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN DPST DEL TORO, RENE	t and title if applicable. (D DIRECTORS DELETI	NOTE: Registerer 13- E 1.1 T 1.2 N 1.3 S	d Agent sign ITLE IAME ITREET ADDI	ature required v	when reinstating)	OATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	it and title if applicable. (D DIRECTORS DELETI	NOTE: Registere 13. E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T	d Agent sign ITLE IAME TREET ADD TTY-ST-ZIP	ature required v	when reinstating)	OATE	D DIRECT	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	t and title if applicable. (D DIRECTORS DELETI	NOTE: Registare 13. E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N	d Agent sign ITLE IAME TREET ADDI CITY-ST-ZIP ITLE IAME	ature required v	when reinstating)	OATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	t and title if applicable. (D DIRECTORS DELETI	NOTE: Registere 13. E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S	d Agent sign ITLE IAME TREET ADDI ITLE ITLE IAME STREET ADDI ITLE	RESS	when reinstating)	OATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	Tand title if applicable. (D DIRECTORS DELETI D.	NOTE: Registerere 13. E 1.1 T 12.N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 C	ITLE IAME ITREET ADDI ITLE ITREET ADDI ITLE ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME	RESS	when reinstating)	OATE	D DIRECTO Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	t and title if applicable. (D DIRECTORS DELETI	NOTE: Registerer 13. E 1.1 T 12.N 1.3 S 1.4 C E 2.1 T 22.N 2.3 S 2.4 4 E 3.1 T	ITLE IAME ITTEET ADDI ITTE ITTE ITTE ITTE IAME ITTE IAME IAME ITTE IAME ITTE IAME ITTE ITTE ITTE ITTE ITTE ITTE ITTE IT	RESS	when reinstating)	OATE	D DIRECTO	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	Tand title if applicable. (D DIRECTORS DELETI D.	NOTE: Registere 13. E 1.1T 12.N 1.3.S 1.4.C E 2.1T 2.2.N 2.3.S 2.4.4 E 3.1T 3.2.N	d Agent sign ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME	RESS	when reinstating)	OATE	D DIRECTO Change	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	Tand title if applicable. (D DIRECTORS DELETI D.	NOTE: Registere 13. E 1.1T 12.N 1.3.S 1.4.C E 2.1T 2.2.N 2.3.S 2.4.4 E 3.1T 3.2.N 3.3.S	ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE ITTLE IAME ITTLE IAME	RESS RESS	when reinstating)	OATE	D DIRECTO Change	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	To Deleti	NOTE: Registere 13. E 1.1T 12.N 1.3.S 1.4.C E 2.1T 2.2.N 2.3.S 2.4.4 E 3.1T 3.2.N 3.3.S 3.4.4	ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITTLE IAME	RESS RESS	when reinstating)	OATE	D DIRECTO Change	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	Tand title if applicable. (D DIRECTORS DELETI D.	NOTE: Registere 13. E 1.1T 12.N 1.3.S 1.4.C E 2.1T 2.2.N 2.3.S 2.4.4 E 3.1.T 3.2.N 3.3.S 3.4.C E 4.1.T	d Agent sign ITLE IAME ITREET ADDI ITLE ITTE	RESS RESS	when reinstating)	OATE	D DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	To Deleti	NOTE: Registere 13. E 1.1T 1.2N 1.3S 1.4C E 2.1T 2.2N 2.3S 2.44 E 3.1T 3.2N 3.3S 3.4. E 4.1T 4.24	ITLE IAME ITREET ADDI ITTLE IAME ITREET ADDI ITTLE IAME ITREET ADDI ITTLE IAME	RESS RESS	when reinstating)	OATE	D DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	To Deleti	NOTE: Registere 13. E 1.1 T 12.N 1.3.S 1.4.C E 2.1 T 22.N 2.3.S 2.4.4 E 3.1 T 3.2.N 3.3.S 3.4.C E 4.1 T 4.2.6 4.3.S	ITLE IAME ITREET ADDI ITTLE IAME IAME IAME IAME IAME IAME IAME IAM	RESS RESS	when reinstating)	OATE	D DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV	To Deleti	NOTE: Registere 13. E 1.1T 1.2N 1.3S 1.4C E 2.1T 2.2N 2.3S 2.44 E 3.1T 3.2N 3.3S 3.4.0 E 4.1T 4.24 4.3S	ITLE IAME ITREET ADDI ITTLE IAME IAME ITTLE IAME IAME IAME IAME IAME IAME IAME IAM	RESS RESS	when reinstating)	OATE	D DIRECTO Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV MIAMI SPRINGS FL 33125	To Deleti	NOTE: Registere 13. E 1.1T 1.2N 1.3S 1.4C E 2.1T 2.2N 2.3S 2.44 E 3.1T 3.2N 3.3S 3.4. E 4.1T 4.21 4.3S 4.4C E 5.1T	ITLE IAME ITREET ADDI ITTLE IAME IAME ITTLE IAME IAME IAME IAME IAME IAME IAME IAM	RESS RESS	when reinstating)	OATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV MIAMI SPRINGS FL 33125	To Deleti	NOTE: Registere 13. E 1.1 T 12.N 1.3.S 1.4.C E 2.1 T 22.N 2.3.S 2.4.4 E 3.1 T 3.2.N 3.3.S 3.4.C E 4.1 T 4.2.6 4.3.S 4.4.C E 5.1 T 5.2.N	ITLE IAME ITREET ADDI ITTLE IAME ITREET ADDI ITTLE IAME ITREET ADDI ITTLE IAME ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE	RESS RESS	when reinstating)	OATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV MIAMI SPRINGS FL 33125	To Deleti	NOTE: Registere 13. E 1.1 T 12.N 1.3.S 1.4.C E 2.1 T 22.N 2.3.S 2.4.4 E 3.1 T 3.2.N 3.3.S 4.4.C E 4.1 T 4.2.S 4.4.C E 5.1 T 5.2.N 5.3.S	ITLE IAME ITREET ADDI ITTLE IAME	RESS RESS	when reinstating)	OATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV MIAMI SPRINGS FL 33125	To Deleti	NOTE: Registere 13. E 1.1 T 12.N 1.3.S 1.4.C E 2.1 T 22.N 2.3.S 2.4.4 E 3.1 T 3.2.N 3.3.S 3.4.4 E 4.1 T 4.2.8 4.3.C E 5.1 T 5.2.N 5.3.8 5.4.C	ITLE IAME ITREET ADDI ITTLE IAME IAME ITTLE IAME IAME ITTLE IAME IAME ITTLE IAME IAME IAME IAME IAME IAME IAME IAM	RESS RESS	when reinstating)	OATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV MIAMI SPRINGS FL 33125	D DIRECTORS DELETI DELETI DELETI DELETI DELETI	NOTE: Registere 13. E 1.1 T 12.N 1.3.S 1.4.C E 2.1 T 22.N 2.3.S 2.4.1 E 3.1 T 3.2.N 3.3.S 3.4.1 E 4.1 T 4.2.1 4.3.S 4.4.C E 5.1 T 5.2.N 5.3.S 5.4.C E 6.1 T	ITLE IAME ITTEET ADDI ITTE IAME ITTEET ADDI ITTE IAME ITTEET ADDI ITTEE IAME ITTEET ADDI ITTEET IAME ITTEET ADDI ITTEET IAME ITTEET ADDI ITTEET IAME ITTEET ADDI ITTEET IAME IAME	RESS RESS	when reinstating)	OATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN OFFICERS AN DPST DEL TORO, RENE 240 S. ROYAL POINCIANA BLV MIAMI SPRINGS FL 33125	D DIRECTORS DELETI DELETI DELETI DELETI DELETI	NOTE: Registere 13. E 1.1 T 12.N 1.3.S 1.4.C E 2.1 T 22.N 2.3.S 2.4.1 E 3.1 T 32.N 3.3.S 3.4.4 E 4.1 T 4.2 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C E 6.1 T 6.2 N	ITLE IAME ITREET ADDI ITTLE IAME ITREET ADDI ITTLE IAME ITREET ADDI ITTLE IAME ITREET ADDI ITTLE IAME ITTLE	RESS RESS	when reinstating)	OATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition

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)(i), 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: