FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 01, 2003 8:00 am Secretary of State

						1	07-01-2003 9	0041 005	***150.00
DOCU 1. Enlity Nar	MENT # M18801	(
ANTHO	ONY INTERNATIONAL	CORP.	1				90140	592	
					:		OOTAO	19 M	
i	DO NOT WRITI	E IN THIS S	SPAC	E			T.		
2 Principal	Place of Business	3. Mailing Address		eminin			•		
P.O. BO	X 16-0757	P.O. BOX 16-07	2.O. BOX 16-0757 Suite, Apt. #, etc.						
Suite, Apt				DO NOT WRITE IN THIS SPACE					
	LORIDA	City & State MIAMI, FLORID	MIAMI, FLORIDA			4. FEI Number 59-2707212 Applied For Not Applicable			
Zip 33116-01	757 USA	Zip 33116-0757	Court			5. Certificate of	Status Desired		75 Additional Required
							ress of Current Re		
	DO NOT IN			Name	MILAG	ROS PERDO	OMO		
					Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE					231 ALTARA AVENUE				
				City	CORA	AL GABLES FL Zip Code 33146			
8. The above	e named entity submits his statement lations of registered agent	or the purpose of changing	its register	ed office o	register	ed agent, or both, i	n the State of Florida		<u> </u>
ਜਾਰ ਉਪਸੰਧੂਰ	त्रात जा म्ब्युकारम्बद्धाः बद्धाः हुन्। हैः द्वा								•
SIGNATURE	Signature, typed or printed harve of registered agen	n and title if applicable. (f.	KOTE: Registere	d Agent signati	lle required	when reinsusing)		DATE	
Jajuri Ja	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			···········			n Campaign Financ	ina	\$5.00 May Be
Maka Chaci	Amended UBR is \$61.25 k Payable to Florida Department of	S Ctata					und Contribution.	D	Added to Fees
10.	OFFICERS AND				·····				
TITLE	TS		me		,	mpulling in a second se	11	!	
NAME STREET ADDRESS	JULIETA HANDAL		NAM STRE	E Et address	,	•	1 4		
CiTY-\$1-ZIP	12433 S.W. 94th LANE, N	MAMI, FL 33186		-ST-ZIP			4		1
TITLE	D		IIILE				50 g		
NAME STREET ADDRESS	ROXANA HANDAL	MARKET 00400	NAMI STRE	ET ADDRESS				4	,
City-St-ZiP	12433 S.W. 94th LANE, M	11AMI, FL 33186		S1-ZIP				· · · · ·	<u>:</u>
THILE NAME			TITLE				1 1 1	1 1	•
STREET ADDRESS			STRE	ETADORESS	, ,	- no	NOT W	/DITE	· · · · · · · · · · · · · · · · · · ·
CilY+SI-ZIP				ST-ZIP					
TILE NAME			TOTLE 'NAMI		:	IN.	THIS SI	PACE	1 1
STREET ADDRESS	ĺ		STRE	ET ADORESS					r e
CHY-ST-ZIP	-			ST-ZIP					***
TITLE NAME			TITLE	1	; *		# + # # ; •		
STREET ADDRESS			STREE	ET ADORESS					4
CHY-ST-ZIP				ST-ZIP			<u> </u>		
TITLE NAME			TOTLE NAME					al .	
STREET ADDRESS				T ADORESS			·	1	
CHY. ST 7IP	I		TOTAL	CT 700				4	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurated and that my signature shall have the same legal effect as if made under coath, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report ag required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or on an attachment with an address, principle of the empowered.

SIGNATURE

6/24/03 / (305)412-488

Machment 90140592

June 23, 2003

Uniform Business Report Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Anthony International Corp. Document #M18801

2003 Uniform Business Report

Gentlemen:

Enclosed find our 2003 Annual Report and our \$150.00 check for the filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly had not received it. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,

Diractor