

PROFIT CORPORATION
 ANNUAL REPORT
 2001



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

DOCUMENT # M26181 (1)
 1. Corporation Name
ANAAG CORPORATION



Principal Place of Business Mailing Address
C/O ALBERTO L. GONZALEZ **C/O ALBERTO L. GONZALEZ**
481 E. 38TH STREET **190 W 23th Street**
HIALEAH FL 33013 **Hialeah, Fl. 33010**

3. Date Incorporated or Qualified **01/21/1986** 3a. Date of Last Reg. **05/01/1996**
 4. FEI Number **59-2630340**
 5. Certificate of Status Desired \$8.75 Fee Rec
 6. Election Campaign Financing Trust Fund Contribution \$5.00 Added to
 8. This corporation has liability for inexcusable tax under s Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
GONZALEZ, ALBERTO L
190 W 23th Street
Hialeah, Fl. 33010

10. Name and Address of New Registered Agent
 81 Name **Alberto L. Gonzalez**
 82 Street Address (P.O. Box Number is Not Acceptable) **190 W 23th Street**
 83 **Hialeah, Fl. 33010**
 84 City **FL** 85 Zip C

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change
NAME	GONZALEZ, ALBERTO L.	1.2 NAME	
STREET ADDRESS	481 E. 38TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change
NAME	GONZALEZ, ALEJANDRO G.	2.2 NAME	
STREET ADDRESS	481 E. 38TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change
NAME	GONZALEZ, ALBERTO	4.2 NAME	
STREET ADDRESS	481 E. 38TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 by 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 it appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ T.D. 4/16./01 201-8821100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR