

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M27869

(0)

1. Corporation Name

ANVI SERVICES, INC.

Principal Place of Business

4781 N.W. 72ND AVENUE
MIAMI FL 33166

Mailing Address

4781 N.W. 72ND AVENUE
MIAMI FL 33166-5616

2. Principal Place of Business

21 3540 N.W. 72nd Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 3540 N.W. 72nd Avenue
Suite, Apt. #, etc.

22

City & State

23 Miami, Florida
Zip Country

24 33122 25 Dade

27

City & State

28 Miami, Florida
Zip Country

29 33122 30 Dade

9. Name and Address of Current Registered Agent

DIELINGEN, ANDRES ELOY
4781 N.W. 72 AVENUE
MIAMI FL 33126

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

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-appointing)

97062724265
-07/02/97-01045-003
****165.00 ****165.00

12. OFFICERS AND DIRECTORS

TITLE VPS
NAME DIELINGEN, ANDRES E.
STREET ADDRESS 4781 N.W. 72ND AVENUE
CITY-ST-ZIP MIAMI FL

TITLE P
NAME DIELINGEN, MARIANELLA
STREET ADDRESS 4781 N.W. 72ND AVENUE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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.

SIGNATURE

Andres E. Dielingen

06-27-97

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FILED

97 JUN 26 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)