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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M29032 (3)

1. Corporation Name
ASMARA, INC.

Principal Place of Business
3695 N.W. 183 ST.
CAROL CITY FL 33056

Mailing Address
3695 N.W. 183 ST.
CAROL CITY FL 33056-3455



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
MIAMI FL
23 Zip
33169
24 Country
U.S.A.
25

2a. Mailing Address
26 19200 N.W. 6th Ave
27 Suite, Apt. #, etc.
28 City & State
MIAMI FL
29 Zip
33056
30 Country
U.S.A.

3. Date Incorporated or Qualified
03/18/1986
3a. Date of Last Report
02/20/1996
4. FEI Number
59-2656933
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
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

GIMESKEL, AMANUEL
3695 N.W. 183RD ST.
CAROL CITY FL 33056

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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 included 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. 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 or on an attachment with an address.

SIGNATURE: *Amanuel Gimeskel* 3/28/97 (305) 653-0788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR