

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Eunora B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

'95 MAR -1 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M31642** (5)

1. Corporation Name:
ANCHOR WOOD TREATERS CORP.

Principal Place of Business: **2701 EAST 11TH AVENUE
HIALEAH FL 33013**
Mailing Address: **3670 NW 79TH ST.
MIAMI FL 33147
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/05/1986**
3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-2759859**
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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

**TORRES, OSCAR
13090 BISCAYNE ISLAND TERRACE
STE.204
MIAMI FL**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer, its 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 registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	TORRES, OSCAR
STREET ADDRESS	2701 E. 11TH AVE
CITY-ST-ZIP	HIALEAH FL
TITLE	T
NAME	CABRERA, REBECCA
STREET ADDRESS	2701 E. 11TH AVE
CITY-ST-ZIP	HIALEAH FL
TITLE	S
NAME	TORRES, OSCAR JR.
STREET ADDRESS	2701 E. 11TH AVE
CITY-ST-ZIP	HIALEAH FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or was an addendum with an address.

SIGNATURE:

Oscar Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95
DATE

691-7711
TELEPHONE NUMBER