

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **05/05/1986** 3a. Date of Last Report: **03/01/1995**
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: 21 Subj., Apt. #, etc.: 22 Cr., & State: 23 Zip: 24 Country: 25 2a. Mailing Address: 26 Subj., Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: P	TORRES, OSCAR	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME: 2701 E. 11TH AVE	HIALEAH FL	13.2 NAME:	
12.3 STREET ADDRESS:		13.3 STREET ADDRESS:	
12.4 CITY, ST, ZIP:		13.4 CITY, ST, ZIP:	
12.5 TITLE: T	CABRERA, REBECCA	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 NAME: 2701 E. 11TH AVE	HIALEAH FL	13.6 NAME:	
12.7 STREET ADDRESS:		13.7 STREET ADDRESS:	
12.8 CITY, ST, ZIP:		13.8 CITY, ST, ZIP:	
12.9 TITLE: S	TORRES, OSCAR JR.	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 NAME: 2701 E. 11TH AVE	HIALEAH FL	13.10 NAME:	
12.11 STREET ADDRESS:		13.11 STREET ADDRESS:	
12.12 CITY, ST, ZIP:		13.12 CITY, ST, ZIP:	
12.13 TITLE: <input type="checkbox"/> DELETE		13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.14 NAME:		13.14 NAME:	
12.15 STREET ADDRESS:		13.15 STREET ADDRESS:	
12.16 CITY, ST, ZIP:		13.16 CITY, ST, ZIP:	
12.17 TITLE: <input type="checkbox"/> DELETE		13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.18 NAME:		13.18 NAME:	
12.19 STREET ADDRESS:		13.19 STREET ADDRESS:	
12.20 CITY, ST, ZIP:		13.20 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of changes or on an attachment with an address.

SIGNATURE: *Oscar Torres* President. **2/8/96** **691771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #

CR2E034 (12/95)