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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M41632 (4)

1. Corporation Name

MA-ANNA CHARTERS, INC.



Principal Place of Business

Mailing Address

16340 COLLINS AVENUE
SUITE 102
NORTH MIAMI FL 33160
US

223 SUNNY ISLES BLVD.
NO. MIAMI BEACH FL 33160

2. Principal Place of Business

2a. Mailing Address

21 10800 COLLINS AVE.

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 SLIP #1

27

City & State

City & State

23 N. MIAMI BEACH, FL

28

Zip

Country

Zip

Country

24 33160

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLINSKY, EILEEN
223 SUNNY ISLES BLVD
NO MIAMI BCH FL 33160

81 Name
CAROL A. CRIVELLI

82 Street Address (P.O. Box Number is Not Acceptable)

223 SUNNY ISLES BLVD.

83

84 City
N. MIAMI BEACH

FL

85 Zip Code
33160

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

CAROL A. CRIVELLI, SECRETARY

4/23/96

Signature typed or printed name of signing officer or director

Signature typed or printed name of signing officer or director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME CARDENAS, JOSEPH R.
STREET ADDRESS 223 SUNNY ISLES BLVD
CITY-ST-ZIP NO MIAMI BCH FL

TITLE V ☐ DELETE

NAME NODELMAN, JEROME H.
STREET ADDRESS 20260 NE 3RD COURT
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ST ☐ DELETE

NAME CRIVELLI, CAROL A.
STREET ADDRESS 223 SUNNY ISLES BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME NUDELMAN, JEROME H.
1.3 STREET ADDRESS 20260 NE 3RD COURT
1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

CAROL A. CRIVELLI, SECRETARY

4/23/96

305-
945-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Us/line Phone #

CR2E034 (12/95)