

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

FILED

Feb 18 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 # M69193 (4)

1. Corporation Name
ANATUR CORPORATION

Principal Place of Business
C/O LERMAN AND LERMAN P.A.
48 E FLAGLER ST PH-101
MIAMI FL 33131

Mailing Address
C/O LERMAN AND LERMAN P.A.
48 E FLAGLER ST PH-101
MIAMI FL 33131-1012



3. Date Incorporated or Qualified 02/22/1988
3a. Date of Last Report 04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. # etc.

26 Suite Apt. # etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number 65-0061239
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 Foreign

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERMAN, GEORGE
48 E FLAGLER ST PH-101
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BENHAMRON, LEON
STREET ADDRESS 48 E FLAGLER ST PH-101
CITY - ST - ZIP MIAMI FL 33131

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

TITLE DST
NAME BENHAMRON, REYNA
STREET ADDRESS 48 E FLAGLER ST PH-101
CITY - ST - ZIP MIAMI FL 33131

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

TITLE AS
NAME ORCHILLES, JORGE
STREET ADDRESS P.O. BOX 521022 N/A
CITY - ST - ZIP MIAMI FL 33152

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

017A206

CR2E034 (9/96)