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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		4. FEI Number: 65-0061239		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Foreign			

9. Name and Address of Current Registered Agent
LERMAN, GEORGE
48 E FLAGLER ST PH-101
MIAMI FL 33131

10. Name and Address of New Registered Agent
Share holders

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 607.1508, 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	
TITLE	PD BENHAMRON, LEON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	48 E FLAGLER ST PH-101	1.2 NAME	
STREET ADDRESS	MIAMI FL 33131	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DST BENHAMRON, REYNA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	48 E FLAGLER ST PH-101	2.2 NAME	
STREET ADDRESS	MIAMI FL 33131	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	AS ORCHILLES, JORGE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 521022 N/A	3.2 NAME	
STREET ADDRESS	MIAMI FL 33152	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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] President 2/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)