

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # N12785 (4)

1. Corporation Name

ASSOCIATION OF NICARAGUAN ENGINEERS AND ARCHITECTS (ANIA), INC.



Principal Place of Business

Mailing Address

P.O. BOX 65-1411
MIAMI FL 33265-1411

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MIAMI FL 33265-1411

3. Date Incorporated or Qualified
12/26/1985

3a. Date of Last Report
04/05/1995

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

4. FEI Number
65-0069467

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALDANA, CARLOS A
%REGISTERED AGENT SERVICES CO
6819 SW 105TH COURT
MIAMI FL 33173**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	SD CUEVAS, CARLOS R.	1.1 TITLE	PD EDGAR, E. ROA
NAME	4528 SW 143 PL	1.2 NAME	14793 SW 81ST
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	MIAMI, FL 33193
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD CARDENAL JOSE F	2.1 TITLE	VD NDEL ZAMORA
NAME	10404 W FLAGLER ST #10	2.2 NAME	6361 SW 153 CT. Rd.
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	MIAMI, FL 33193
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD SIERO, LESLIE	3.1 TITLE	SD CARLOS R. CUEVAS
NAME	5847 SW 9TH TERRACE	3.2 NAME	4528 SW 143 PL
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	MIAMI, FL 33175
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD ALFARO ROBERTO	4.1 TITLE	TD ROBERTO ALFARO
NAME	435 SW 95 CT	4.2 NAME	435 SW 95 CT.
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	MIAMI, FL 33174
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MORENO ROLANDO	5.1 TITLE	D ALBERTO CORRALES
NAME	10404 W FLAGLER ST #10	5.2 NAME	2501 SW 89 AV.
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	MIAMI, FL 33165
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D PRADO, EMIGDIO	6.1 TITLE	D ALEJANDRO DEL CARMEN
NAME	11 SW 113 AVE	6.2 NAME	10145 COSTA DEL SOL BLV.
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	MIAMI, FL 33178
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EDGAR E. ROA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 (305) 382-8502

Date

Daytime Phone

CR2E037 (12/95)