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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N12785 (4)
1. Corporation Name
ASSOCIATION OF NICARAGUAN ENGINEERS AND ARCHITECTS (ANIA), INC.



Principal Place of Business: P.O. BOX 65-1411 MIAMI FL 33265-1411
Mailing Address: P.O. BOX 65-1411 MIAMI FL 33265-1411

3. Date incorporated or Qualified: 12/26/1985
3a. Date of Last Report: 04/01/1996
4. FEI Number: 65-0069467
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
2a. Mailing Address
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
ALDANA, CARLOS A
%REGISTERED AGENT SERVICES CO
6819 SW 105TH COURT
MIAMI FL 33173

10. Name and Address of New Registered Agent
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROA, EDGAR E.	
STREET ADDRESS	14793 SW 82ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZAMORA, NOEL	
STREET ADDRESS	6361 SW 163RD COURT RD	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CUEVAS, CARLOS R.	
STREET ADDRESS	4528 SW 153RD PLACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALFARO ROBERTO	
STREET ADDRESS	435 SW 95 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORRALES, ALBERTO	
STREET ADDRESS	2501 SW 89TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEL CARMEN, ALEJANDRO	
STREET ADDRESS	10145 COSTA DEL SOL BLVD	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CORDOBA, RAFAEL	
1.3 STREET ADDRESS	5461 SW 144 AVE	
1.4 CITY - ST - ZIP	MIAMI, FL 33175	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KIENDIETA, CONSTANTINO	
2.3 STREET ADDRESS	6231 S.W. 127 CT	
2.4 CITY - ST - ZIP	MIAMI, FL 33183	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ZUNIGA, RAFAEL	
3.3 STREET ADDRESS	11502 S.W. 81 ST. RD	
3.4 CITY - ST - ZIP	MIAMI, FL 33156	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AMBROGI, OCTAVIO	
4.3 STREET ADDRESS	6357 W 24 CT	
4.4 CITY - ST - ZIP	HALEAH, FL 33016	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CORDOBA, FRANCIS	
5.3 STREET ADDRESS	5461 S.W. 144 AVE	
5.4 CITY - ST - ZIP	MIAMI, FL 33175	
6.1 TITLE	DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SONG, DENIS	
6.3 STREET ADDRESS	5502 N.W. 172 TERR	
6.4 CITY - ST - ZIP	MIAMI, FL 33125	

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

SIGNATURE: _____ DATE: 01/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)