

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

DOCUMENT # **N42077** (0)
1. Corporation Name
ANTRA, INCORPORATED



Principal Place of Business Mailing Address
% SARA SEIDLER **% SARA SEIDLER**
564 NW 24TH ST. **564 NW 24TH ST.**
MIAMI FL 33127 **MIAMI FL 33127**

3. Date Incorporated or Qualified **02/07/1991** 3a. Date of Last Report **02/02/1995**
4. FEI Number **65-0256748** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
SEIDLER, SARA
% SARA SEIDLER
564 NW 24TH ST.
MIAMI FL 33127

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ZIDEL, BARRY
STREET ADDRESS	100 NW 108TH AVE.
CITY-ST-ZIP	PLANTATION FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DEGEN, JEFFREY B.
STREET ADDRESS	3841 NE 2ND AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SEIDLER, SARA
STREET ADDRESS	564 NW 24TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fred Keshen
1.3 STREET ADDRESS	12000 N. Bayshore Dr #305-6
1.4 CITY-ST-ZIP	N. Miami, FL 33181
2.1 TITLE	Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Rubinstein
2.3 STREET ADDRESS	2901 S. Bayshore Dr. #2-G
2.4 CITY-ST-ZIP	Coconut Grove, FL 33133
3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bob Biederman
3.3 STREET ADDRESS	12651 S. Dixie Hwy #325
3.4 CITY-ST-ZIP	Miami, FL 33156
4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gloria Muroff
4.3 STREET ADDRESS	2000 Island Blvd #1709
4.4 CITY-ST-ZIP	Williams Island, FL 33160
5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Myron Shalm
5.3 STREET ADDRESS	12000 Biscayne Blvd #212
5.4 CITY-ST-ZIP	N. Miami, FL 33181
6.1 TITLE	500001745625 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/15/96--01130--007
6.3 STREET ADDRESS	***\$61.25
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sara Seidler Sec/Treas* Date: **1-17-96** Daytime Phone #: **305-573-1700**
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)