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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sand B. M. Lam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000003490**

1. Corporation Name: **ANN AVAN, Inc.**

Principal Place of Business: **132 N.E. 165 ST
MIAMI FLA 33162**

Mailing Address: **630 NE 144 ST
MIAMI FLA 33162**

2. Principal Place of Business

21 **132 NE 165 ST**

22 **MIAMI FLA**

23 **33162**

24 **DADE**

25 **DADE**

2a. Mailing Address

26 **630 NE 144 ST**

27 **MIAMI FLA**

28 **N-MIAMI FLA**

29 **33162**

30 **DADE**

3. Date Incorporated or Qualified: **7-15-94**

3a. Date of Last Report: **8-20-97**

4. FFI Number: **APLPER FOX**

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing: **\$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

8. Name and Address of Current Registered Agent

**AMERILAWYERS
343 ALMERIA AVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

61 Name: **DAVID EBANKS**

62 Street Address (P.O. Box Number is Not Acceptable): **630 NE 144 ST**

63 City: **N-MIAMI**

64 State: **FL**

65 Zip Code: **33162**

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: **DAVID EBANKS**

Signature typed or printed name of registered agent if applicable (NOTE: Registered Agent's signature required when installing)

9-6-97

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	MARC A. JOSEPH	
1.3 STREET ADDRESS	385 NE. 88th ST	
1.4 CITY-ST-ZIP	MIAMI FLA 33138	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDRE FEGGE	
2.3 STREET ADDRESS	8001 NE 22ND AVE	
2.4 CITY-ST-ZIP	MIAMI FLA 33138	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HARRY ACCONTE	
3.3 STREET ADDRESS	132 NE 165 ST	
3.4 CITY-ST-ZIP	N-MIAMI FLA 33162	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KEASLER BAZILE	
4.3 STREET ADDRESS	1871 SW 57 AVE	
4.4 CITY-ST-ZIP	PLANTATION FLA 33317	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: **Marc Joseph**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/97 (305) 635-0130

Date Date in e Phone

CR2E037 (9/96)