FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000004325 (6)**

1. Corporation Name

ANSA MCAL (U.S.) INC.

Principal Place of Business	Mailing Address
8249 NW 36TH STREET SUITE 205 MIAMI FL 33166 US	8249 NW 36TH STREET SUITE 205 MIAMI FL 33166 US

3. Date Incorporated or Qualified: **11/13/1992**

3a. Date of Last Report: **03/21/1995**

4. FEI Number: **65-0372843** ☐ 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

2. Principal Place of Business (21 / 22 / 23 / 24 / 25)

2a. Mailing Address (26 / 27 / 28 / 29 / 30)

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

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
SUITE 1600
MIAMI FL 33131

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 Section 607.0502 and 607.1622, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	OBRIEN, CONRAD	
STREET ADDRESS	8249 NW 36TH STREET, SUITE 205	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	SABGA, ANTHONY N	
STREET ADDRESS	201 S. BISCAYNE BLVD. SUITE 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	☒ DELETE
NAME	MANSOOR, MICHAEL K	
STREET ADDRESS	201 S. BISCAYNE BLVD. SUITE 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	SABGA, A. NORMAN	
STREET ADDRESS	201 S. BISCAYNE BLVD. SUITE 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	D / S	☐ DELETE
NAME	SYMONDS, TAFT	
STREET ADDRESS	201 S. BISCAYNE BLVD, SUITE 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental 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 attached sheet, with all other like empowered.

SIGNATURE: CONRAD O'BRIEN 03/13/96 (305)599-8766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number