Applied For Not Applicable

Added to Fees

Yes

□No

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

28

29

Zip

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P92000004325**1. Corporation Name

ANSA MCAL (U.S.) INC.

Zip

24

Principal Place of Business	Mailing Address							
8249 NW 36TH STREET	8249 NW 36TH STREET							
SUITE 205 SUITE 205 MIAMI FL 33166 MIAMI FL 33166		DO NOT WRITE IN THIS SPACE						
	US	3. Date Incorporated or Qualifed						
		11/13/1992						
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For					
21	26	65-0372843	Not Applical					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be					

CODDODATION COMPANY OF MIAMI

25

Country

9. Name and Address of Current Registered Agent

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90182 020 ***150.00

Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

201 S BISCAYNE BLVD			82 Street Address (P.O. Box Number is Not Acceptable)									
E 1600		83		1								
M FL 33131				,								
		84	City						FL	85	Zip C	ode
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Signature, broad or printed name of positioned agent and title if applica	hle (NOTE: Red	ietered Anen	signature	required when reit	etating)				DATE			
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t	S BISCAYNE BLVD E 1600 MI FL 33131 to the provisions of Sections 607.0502 and 607.156 agistered agent, or both, in the State of Florida. Sum familiar with, and accept the obligations of, Section Signature, typed or printed name of registered agent and title if application of the section o	S BISCAYNE BLVD TE 1600 MI FL 33131 Ito the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florida Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg OFFICERS AND DIRECTORS DP OBRIEN, CONRAD 8249 NW 36TH STREET, SUITE 205 MIAMI FL D	S BISCAYNE BLVD TE 1600 MI FL 33131 B4 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above egistered agent, or both, in the State of Florida. Such change was authorized by in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent end title if applicable OFFICERS AND DIRECTORS DP OBRIEN, CONRAD 8249 NW 36TH STREET, SUITE 205 MIAMI FL D CHIETE SYMONDS, TAFT 201 S. BISCAYNE BLVD, SUITE 1600 MIAMI FL DELETE 31 TITLE 32 NAME 33 STREET 34. CITY-ST DELETE 41 TITLE 42 NAME 43 STREET 54 CITY-ST DELETE 51 TITLE 52 NAME 53 STREET 54 CITY-ST DELETE 61 TITLE 62 NAME 63 STREET	S BISCAYNE BLVD TE 1600 MI FL 33131 To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named agistered agent, or both, in the State of Florida. Such change was authorized by the corp in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS DP OBRIEN, CONRAD 8249 NW 36TH STREET, SUITE 205 MIAMI FL D SYMONDS, TAFT 201 S. BISCAYNE BLVD, SUITE 1600 MIAMI FL DELETE 1.1 TITLE 1.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 1.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 1.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 1.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 1.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 1.1 TITLE 1.1 TITLE 1.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 1.1 TITLE 1.1 T	S BISCAYNE BLVD E 1600 MI FL 33131 B4 City B5 City B6 City B7 City B8 City B8 City B8 City B8 City B8 City B9	S BISCAYNE BLVD E 1600 MI FL 33131 B4 City B3	S BISCAYNE BLVD E 1600 MI FL 33131 B4 City Ito the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this segistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director mamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typea or printed name of registered agent and side if applicable (NOTE: Registered Agent signature required when reintoting) OFFICERS AND DIRECTORS	S BISCAYNE BLVD E 1600 MI FL 33131 But 1610 But	S BISCAYNE BLVD E 1600 MI FL 33131 10 the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purge; stered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the maniliar with, and accept the obligations of, Section 607 0505, Florida Statutes. Signature, when an accept the obligations of, Section 607 0505, Florida Statutes. OFFICERS AND DIRECTORS DP ORIGINATION OF Printed marine of registered agent agent sugnature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE 2NAME 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 City CORPORATE SECRETARY ANNETTE de BOEHMLER 8249 NW 36TH ST, \$20 MIAMI FL OBLETE 21 TITLE 22 NAME 23 STREET ADDRESS 34 CITY-ST-ZP DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 44 CITY-ST-ZP DELETE 41 TITLE 4 NAME 43 STREET ADDRESS 44 CITY-ST-ZP DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZP DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZP DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZP DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZP DELETE 61 TITLE 62 NAME 63 STREET ADDRESS	S BISCAYNE BLVD E 1600 MI FL 33131 Street Address (P.O. Box Number is Not Acceptable) B1 City FL To the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of sepistered agent, or both, in the State of Florida. 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Country

81 Name

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powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in dress, with all other like empowered. officer or director of the co Block 12 or Block 13 if ch

SIGNATURE:

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