

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3:43

DOCUMENT # P94000000459 (5)

1. Corporation Name

ANASTASIA INVESTMENTS, INC.

Principal Place of Business

3079 N.E. 163RD STREET
N. MIAMI BCH. FL 33180
US

Mailing Address

P. O. BOX 630817
MIAMI FL 33163
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1993

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0458485

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

PREMIER ASSET MANAGEMENT, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

3115 NE 163 STREET

83

84 City

NO. MIAMI BEACH

FL

85 Zip Code

33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **JACK AZOUT, PRES.**

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **AZOUT, JACK**
STREET ADDRESS **3802 NE 207TH STREET, SUITE 1502**
CITY - ST - ZIP **N. MIAMI BCH. FL**

1.1 TITLE **P/D**
1.2 NAME **AZOUT, JACK**
1.3 STREET ADDRESS **3802 NE 207 STREET #1502**
1.4 CITY - ST - ZIP **NO. MIAMI BEACH, FL 33180**

☒ Change ☐ Addition

TITLE **G**
NAME **AZOUT, GILDA**
STREET ADDRESS **3802 NE 207TH STREET, SUITE 1502**
CITY - ST - ZIP **N. MIAMI BCH. FL**

2.1 TITLE **S/D**
2.2 NAME **AZOUT, GILDA**
2.3 STREET ADDRESS **3802 NE 207 STREET #1502**
2.4 CITY - ST - ZIP **NO. MIAMI BEACH, FL 33180**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JACK AZOUT, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95 (305) 935-5175

Date Signature (Print)