

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 # P94000000459 (5)

1. Corporation Name
ANASTASIA INVESTMENTS, INC.



Principal Place of Business

3079 N.E. 163RD STREET
N. MIAMI BCH. FL 33160
US

Mailing Address

P. O. BOX 630817
MIAMI FL 33163
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/23/1993

3a. Date of Last Report
02/28/1995

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

10. Name and Address of New Registered Agent

PREMIER ASSET MANAGEMENT
3115 NE 163 STREET
NO. MIAMI BEACH FL 33160

81 Name
PREMIER ASSET MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
2100 Park Central Boulevard North
83 SUITE 900
84 City
POMPANO BEACH FL 85 Zip Code
33064

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

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

JACK AZOUT, PRESIDENT

3/6/96

12. OFFICERS AND DIRECTORS

TITLE	PDQA	<input type="checkbox"/> DELETE
NAME	ZOUT, JACK	
STREET ADDRESS	3802 NE 207 STREET, #1502	
CITY, ST, ZIP	NO. MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AZOUT, GILDA	
STREET ADDRESS	3802 NE 207 STREET, 1502	
CITY, ST, ZIP	NO. MIAMI BEACH FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AZOUT, JACK	
1.3 STREET ADDRESS	3802 NE 207th ST. STE#1502	
1.4 CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33180	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AZOUT, GILDA	
2.3 STREET ADDRESS	3802 NE 207th ST. STE#1502	
2.4 CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33180	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001740807	
5.3 STREET ADDRESS	-03/13/96--01022--006	
5.4 CITY - ST - ZIP	***200.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK AZOUT, PRESIDENT 2/20/96

935-5175
Daytime Phone #

CR2E034 (12/95)