

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **P94000042275 (5)**

1. Corporation Name

**ANA CHEM CORPORATION**



Principal Place of Business

Mailing Address

444 BRICKELL AVE.  
 SUITE 300  
 MIAMI FL 33131

444 BRICKELL AVE.  
 SUITE 300  
 MIAMI FL 33131

3. Date Incorporated or Qualified  
**06/06/1994**

3a. Date of Last Report  
**02/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4699 N. Fed. Hwy.**

26 **4699 N. Fed. Hwy.**

4. FEI Number  
**65-0496501**

Applied For  
 Not Applicable

22 **204-A**

27 **204-A**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 **POMPANO BEACH, FL**

28 **POMPANO BEACH, FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 **33064** 25 **USA**

29 **33064** 30 **USA**

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

REGISTERED AGENT SERVICES CO.  
 444 BRICKELL AVE.  
 SUITE 300  
 MIAMI FL 33131

81 Name **BOSCH A. & T. SERVICES CORPORATION**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5440 N. ST. RD. 7, SUITE 5**

84 City **FORT LAUDERDALE** FL 85 Zip Code **33319**

11. Pursuant to the provisions of Sections 607.002 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 (typed or printed name of registered agent and firm if applicable)

(NOTE: Registered Agent signature required when reinstating)

(DATE)

*[Handwritten Signature]*

**6/21/96**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HECKER, CHRISTIAN	
STREET ADDRESS	444 BRICKELL AVE., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HECKER, KARIN	
STREET ADDRESS	444 BRICKELL AVE., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33131	
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	HECKER, CHRISTIAN	
1.3 STREET ADDRESS	4699 N. FED. HWY. # 204 A	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HECKER, KARIN	
2.3 STREET ADDRESS	4699 N. FED. HWY. # 204-A	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karin Hecker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6.21.96 (954)946-7773**

CR2E034 (3/96)