

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: **444 BRICKELL AVE. SUITE 300 MIAMI FL 33131**
 Mailing Address: **444 BRICKELL AVE. SUITE 300 MIAMI FL 33131**

3. Date Incorporated or Qualified: **06/06/1994**
 3a. Date of Last Report: **02/16/1995**
 4. FEI Number: **65-0496501**
 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

2. Principal Place of Business: **4699 N. Fed. Hwy. Suite, Apt. #, etc. 204-A POMPANO BEACH, FL 33064 USA**
 2a. Mailing Address: **4699 N. Fed. Hwy. Suite, Apt. #, etc. 204-A POMPANO BEACH, FL 33064 USA**

9. Name and Address of Current Registered Agent: **REGISTERED AGENT SERVICES CO. 444 BRICKELL AVE. SUITE 300 MIAMI FL 33131**
 10. Name and Address of New Registered Agent: **BOSCH A. & T. SERVICES CORPORATION 5440 N. ST. RD. 7, SUITE 5 FORT LAUDERDALE FL 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 in 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]* DATE: **6/21/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HECKER, CHRISTIAN	1.1 TITLE: PD	HECKER, CHRISTIAN
NAME: HECKER, CHRISTIAN	444 BRICKELL AVE., SUITE 300 MIAMI FL 33131	1.2 NAME: HECKER, CHRISTIAN	4699 N. FED. HWY. # 204 A POMPANO BEACH, FL 33064
STREET ADDRESS: 444 BRICKELL AVE., SUITE 300 MIAMI FL 33131		1.3 STREET ADDRESS: 4699 N. FED. HWY. # 204 A POMPANO BEACH, FL 33064	
CITY-ST-ZIP: MIAMI FL 33131		1.4 CITY-ST-ZIP: POMPANO BEACH, FL 33064	
TITLE: VD	HECKER, KARIN	2.1 TITLE: VD	HECKER, KARIN
NAME: HECKER, KARIN	444 BRICKELL AVE., SUITE 300 MIAMI FL 33131	2.2 NAME: HECKER, KARIN	4699 N. FED. HWY. # 204-A POMPANO BEACH, FL 33064
STREET ADDRESS: 444 BRICKELL AVE., SUITE 300 MIAMI FL 33131		2.3 STREET ADDRESS: 4699 N. FED. HWY. # 204-A POMPANO BEACH, FL 33064	
CITY-ST-ZIP: MIAMI FL 33131		2.4 CITY-ST-ZIP: POMPANO BEACH, FL 33064	
TITLE: [] DELETE		3.1 TITLE: [] Change [] Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: [] DELETE		4.1 TITLE: [] Change [] Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: [] DELETE		5.1 TITLE: [] Change [] Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: [] DELETE		6.1 TITLE: [] Change [] Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: *[Signature]* DATE: **6.21.96** TELEPHONE: **(954)946-7773**

CR2E034 (3/96)