


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000056066 (1) 1. Corporation Name ANHYDRIDE MARKETING, INC.			
Principal Place of Business 15310 AMBERLY DR SUITE 250 TAMPA FL 33647 US		Mailing Address 15310 AMBERLY DR SUITE 250 TAMPA FL 33647 US	
2. Principal Place of Business 21 9100 S. DADELAND BLVD Suite, Apt. #, etc. 22 SUITE 410 City & State 23 MIAMI, FL Zip 24 33156 Country 25 US		2a. Mailing Address 26 9100 S. DADELAND BLVD Suite, Apt. #, etc. 27 SUITE 410 City & State 28 MIAMI, FL Zip 29 33156 Country 30 US	
9. Name and Address of Current Registered Agent BRID, DEMETRIO 15310 AMBERLY DR SUITE 250 TAMPA FL 33647		10. Name and Address of New Registered Agent 81 Name BRID, DEMETRIO 82 Street Address (P.O. Box Number is Not Acceptable) 9100 S. DADELAND BLVD 83 SUITE 410 84 City MIAMI FL 85 Zip Code 33156	
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 Demetrio Brid - DEMETRIO BRID 7/25/97 <small>(NOTE: Registered Agent signature required when reinstating.)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE BRID, DEMETRIO 5119 STONEHURST ROAD TAMPA FL 33647	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRID, DEMETRIO 9100 S. DADELAND BLVD, SUITE 410 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE LEGGIO, FRANSECO TORRE MARIANA, PISO 5-0FC. 5A EL ROSAL CARACAS 1060 VZ	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE LEGGIO, SAVERIO TORRE MARIANA, PISO 5-0FC. 5A EL ROSAL CARACAS 1060 VZ	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Demetrio Brid** **7/25/97** **(305) 170-8055**

CR2E034 (4/97)