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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P94000062305 (5)

ANELA, INC.

Principal Place of Business

Mailing Address

FILED May 01 1996 8:00 am Secretary of State

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2151 N.E. 155 NORTH MIAM	5TH STREET II BEACH FL 33162	2151 N.E. 155TH STR NORTH MIAM! BEACH					
					3. Date Incorporated or Quali 08/24/1994		te of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21 2812	- NW 35-75+	26 28/12 N 8 Suite, Apt. #, etc.	W 35 T	57	65-0529397		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	d 🗆	\$8.75 Additional Fee Required
City & State		City & State 28 M/Pm	FL		Election Campaign Financi Trust Fund Contribution	ng 🔲	\$5.00 May Be Added to Fees
Zip 24 3314	Country	Zip 29 33/4/2	Gountry		This corporation has liabilit Florida Statutes	y for intengible	
	9. Name and Address of Current				10. Name and Address of N	ew Registere	d Agent
2151 NE	KY, ILYA W. 16TH ST. E 155TH ST MIAMI FL 33162		81 82 83 84	25.	dress (P.O. Box Number is Not Acc	eptable) X	L 85 Zip Code 33/42
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Sectio	a. Such change was author	ized by the corp	named corn	gration submits this statement for the	ne purpose of c e appointment	hanoing its registered office.
SIGNATURE	Signature, typed or printed name of registered agent a		NOTE: Registered Age	nt signature requ		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AF	
TITLE	D	DELETE	1. 1 TITLE				Change Addition
NAME	Palinsky, Elena		1.2 NAME		36/3 44.5 36	- to C+	•
STREET ADDRESS	2151 N.E. 155TH ST.		1.3 STREET	ADDRESS	2012 200 03		33142
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331	I 62 □ DELE1E	1.4 D(TY - S	ST-ZIP 4	2812 NW 35 MIAMI FO		☐ Change ☐ Addition
TITLE			2. 1 TITLE 22 NAME				□ Change □ Addition
NAME				ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		DELETE	24 CHY-5 3 1 TITLE	51-ZIP			Change Addition
TITLE NAME		been at	3 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4 CITY - 1				
TITLE		[] DELETE	4. 1 TITLE				Change Addition
NAME			4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY -				
TITLE		DELETE	5 1 TITLE				Change Addition
NAME			5 2 NAME				
STREET ADDRESS			5 3 STREE	T ADDRESS			
CITY - ST - ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DEFELE	6 1 TITLE				Change Addition
NAME			5.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
	L					7.40 07.0.0.	

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: _

Elena Palos ures. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/20/96 (305)633-8889.