

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067406 (6)

1. Corporation Name

AMERICA'S NETWORK SOUTH, INC.

Principal Place of Business

5209 NW 74TH AVE SUITE 2138
MIAMI FL 33168

Mailing Address

5209 NW 74TH AVE SUITE 2138
MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1994

3a. Date of Last Report

4. FEI Number

650519600

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. Does Corporation file annually or biennially fee report as required by Florida Statutes

Yes

No

2. Principal Place of Business

State, Apt # etc

City & State

2a. Mailing Address

State, Apt # etc

City & State

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9. Name and Address of Current Registered Agent

LLOP, JORGE
5209 NW 74TH AVE SUITE 2138
MIAMI FL 33168

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

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 must be printed name of person signing and must be accompanied by

Signature must be printed name of person signing and must be accompanied by

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LLOP, JORGE
STREET ADDRESS	5209 NW 74TH AVE SUITE 2138
CITY, ST, ZIP	MIAMI FL 33168
TITLE	D
NAME	BATAGLIA, MARIA P
STREET ADDRESS	5209 NW 74TH AVE SUITE 2138
CITY, ST, ZIP	MIAMI FL 33168
TITLE	D
NAME	SARRIA, CARLOS
STREET ADDRESS	5209 NW 74TH AVE SUITE 2138
CITY, ST, ZIP	MIAMI FL 33168
TITLE	D
NAME	LA CAU, RICARDO
STREET ADDRESS	5209 NW 74TH AVE SUITE 2138
CITY, ST, ZIP	MIAMI FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information submitted on this annual report or biennial 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attached document with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE LLOP 6-26-95

300-600 4035