FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000068724 (1)

ANSARA INTERNATIONAL, INC.

FILED Mar 02 1998 8:00am Secretary of State



Principal Place of Businoss Mailing Address						I INGLIBEL THE INTELLIBENCE THE SOUR BEING BEING BEING	OPER CHARGE AND	VII var a 1 00 1
P.O. BOX 248391 CORAL GABLES FL 33124			P.O. BOX 248391 CORAL GABLES FL 33124			DO NOT WRITE IN THIS S	SPACE	
						3. Date Incorporated or Qualified		
		·				09/19/1994		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		pplied For
21		26				05-0520741		lot Applicable
Suite, Apt.		27				5. Certificate of Status Desired		Additional lequired
City & State		28	City & State	<u>.</u>		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	′	7 ip	Countr	У	B. This corporation owes or has paid the current		
24 25		29	-4 			Personal Property Tax due June 30. Yes No		
	9, Name and Addre	ss of Current Registe	red Agent	81	Name	10. Name and Address of New Registered	\gent	
	ldan, Beatriz			"	Name			
	11 Brickell ave. 1. 805				Street Ad	dress (P.O. Box Number is Not Acceptable)		
1	Mi FL 33129			83				
				84	City	FL	85 Zip	Code
44 Dusquant	to the provinces of Cost	ione 607 0102 and 603	1500 Florida Ptot	utos the ober	L		obanaina i	its registered
office or r agent. I a	egistered agent, or both m familiar with, and acco	, in the State of Horida opt the obligations of, t	i. Such change was Section 607.0505, f	s authorized b Florida Statute	y the corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appr	ointment as	registered
SIGNATURE	Signature, typed or printed name	of torostored acrost and blic da	analicable (N	Olf: Registered Ac	ent signature rec	guired when reinstating) DATE		
12.		FICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 TITLE			Change	Addition
NAME	ROLDAN, BEATRIZ			1.2 NAME	ì			
STREET ADDRESS	1581 BRICKELL AV			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129	·		1.4 CITY -	ST-ZIP			<u></u>
TITLE	D		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	WATED, GUILLERN			2.2 NAME	l			
STREET ADDRESS	1200 WEST AVENU	JE APT. 604		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 3	33139		2.4 CITY	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME				3.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NAME				4. 2 NAME	1			
STREET ADDRESS					T ADDRESS			
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TITLE			DELETE	5.1 TITLE			☐ Change	■ Addition
NAME				5.2 NAME	Į.			
STREET ADORESS					T ADDRESS			
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TITLE			☐ DELETE	6.1 THLE	Ì		Change	☐ Addition
NAME				6.2 NAME				1
STREET ADDRESS					T ADDRESS			,
CITY-ST-ZIP	L			6.4 CITY-	ST-ZIP			

I 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 supplicrimintal 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 chapter 6, or on an attachment with an address.

SIGNATURE:

rocola.

2/23/98

201491-3316