

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000002545 (8)**

1. Corporation Name
ANIJAR IMPORT & EXPORT, INC.



Principal Place of Business: **1500 BAYROAD STE. 1210 MIAMI BEACH FL 33139**
Mailing Address: **1500 BAYROAD STE. 1210 MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **01/10/1995** 3a. Date of Last Report
4. FEI Number: **6050547190** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$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: 21 State, Apt. #, etc. 22 City & State. 23 Zip. 24 Country. 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State. 28 Zip. 29 Country. 30

9. Name and Address of Current Registered Agent

ANIJAR, JACOB B
1500 BAYROAD STE. 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 Zip Code

1500 Bayroad Suite 500
Miami Beach, FL
FL 33139

11. Pursuant to the provisions of sections 607.0502 and 607.1502, 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 imposed on me by, Florida Statutes.

SIGNATURE: *J. Blum*

1/18/94

12. OFFICERS AND DIRECTORS

12.1 NAME	PD ANIJAR, JACOB B	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	141 NE 3RD AVENUE STE. 206 MIAMI FL 33132	
12.3 CITY, STATE, ZIP	VSD ANIJAR, ULLA M	<input type="checkbox"/> DELETE
12.4 STREET ADDRESS	141 NE 3RD AVENUE STE. 206 MIAMI FL 33132	
12.5 CITY, STATE, ZIP	TD ALFREDSSON, KURT A	<input type="checkbox"/> DELETE
12.6 STREET ADDRESS	141 NE 3RD AVENUE STE. 206 MIAMI FL 33132	
12.7 CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.8 STREET ADDRESS		
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12.47 CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.48 STREET ADDRESS		
12.49 CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.50 STREET ADDRESS		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	
13.3 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS	
13.6 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	
13.9 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 STREET ADDRESS	
13.15 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 STREET ADDRESS	
13.18 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13.21 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.23 STREET ADDRESS	
13.24 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.25 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.26 STREET ADDRESS	
13.27 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.28 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.29 STREET ADDRESS	
13.30 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntary, 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 reports is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this report with an address.

SIGNATURE: *K. Alfredsson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/94 (205) 531-8778

CR2E034 (12/95)