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Apr 11 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 # P95000002545 (8)

1. Corporation Name  
ANIJAR IMPORT & EXPORT, INC.

780 NE. 69 STREET # 306



Principal Place of Business  
1500 BAY ROAD  
SUITE 530  
MIAMI BEACH FL 33139  
US

Mailing Address  
1500 BAY ROAD  
SUITE 530  
MIAMI BEACH FL 33139-3219  
US

3. Date Incorporated or Qualified 01/10/1995  
3a. Date of Last Report 01/24/1996

2. Principal Place of Business 21 # 306 Suite, Apt #, etc. miami City & State 33138 Zip Country 25	2a. Mailing Address 26 780 NE, 69 ST # 306 Suite, Apt #, etc. 306 City & State miami, FL Zip Country 29 33138 30 USA	4. FEI Number 65-0547190 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent ANIJAR, JACOB B 1500 BAY ROAD SUITE 530 MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent 81 Name ANIJAR Jacob, B 82 Street Address (P.O. Box Number is Not Acceptable) 780 NE, 69 STREET # 306 83 miami FL 84 City FL 85 Zip Code 33138	

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: *K Alfredsson* DATE: 10/4/97

12. OFFICERS AND DIRECTORS

TITLE PD NAME ANIJAR, JACOB B STREET ADDRESS 141 NE 3RD AVENUE STE. 208 CITY-ST-ZIP MIAMI FL 33132	<input type="checkbox"/> DELETE
TITLE VSD NAME ANIJAR, ULLA M STREET ADDRESS 141 NE 3RD AVENUE STE. 208 CITY-ST-ZIP MIAMI FL 33132	<input type="checkbox"/> DELETE
TITLE TD NAME ALFREDSSON, KURT A STREET ADDRESS 141 NE 3RD AVENUE STE. 208 CITY-ST-ZIP MIAMI FL 33132	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1.1 TITLE JACOB Anijar, PD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	1.2 NAME 780 NE, 69 STREET # 306
	1.3 STREET ADDRESS miami, FL 33138
	1.4 CITY-ST-ZIP
	2.1 TITLE VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME Anijar Ulla M.
	2.3 STREET ADDRESS 780 NE, 69 STREET # 306
	2.4 CITY-ST-ZIP miami - FL 33138.
	3.1 TITLE TD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME ALFREDSSON, KURT A.
	3.3 STREET ADDRESS 780 NE, 69 STREET # 306
	3.4 CITY-ST-ZIP miami, FL 33138
	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY-ST-ZIP
	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 CITY-ST-ZIP
	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME
	6.3 STREET ADDRESS
	6.4 CITY-ST-ZIP

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: *K Alfredsson* DATE: 751 0253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0199546

CR2E034 (9/96)