FILE NOW: FILING FEE AFTER MAY 1 IS ~~$225~~.00

PROFIT CORPORATION ANNUAL ~~REPORT~~ **1996**

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

DOCUMENT # P95000034230 (9)

1. Corporation Name
ANM INCORPORATED

Principal Place of Business	Mailing Address
430 N.W. 190TH AVE. PEMBROKE PINES FL 33029	430 N.W. 190TH AVE. PEMBROKE PINES FL 33029

3. Date Incorporated or Qualified: 04/25/1995
3a. Date of Last Report: FIRST FILING

2. Principal Place of Business
21: 430 NW 190TH Ave
Suite, Apt. #, etc. 22:
City & State 23: Pembroke Pines FL
Zip 24: 33029 Country 25:

2a. Mailing Address
26: 430 NW 190TH Ave
Suite, Apt. #, etc. 27:
City & State 28: Pembroke Pines FL
Zip 29: 33029 Country 30:

4. FEI Number: 65-0575956 ☐ 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. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~GARCIA~~, ANGELA R
~~430~~ N.W. 190TH AVE.
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name: ANGELA GARCIA - PRESIDENT SAMES AS 1995
82 Street Address (P.O. Box Number is Not Acceptable): 430 NW 190TH Ave
83:
84 City: Pembroke Pines FL 85 Zip Code: 33029

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ANGELA GARCIA		1.2 NAME	
STREET ADDRESS	430 N.W. 190TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33029		1.4 CITY-ST-ZIP	
TITLE	EXEC VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL GARCIA		2.2 NAME	
STREET ADDRESS	430 NW 190TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT SALES	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MENA BIONDI		3.2 NAME	
STREET ADDRESS	430 NW 190TH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	
TITLE	President	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Angela Garcia		4.2 NAME	
STREET ADDRESS	430 NW 190 ave		4.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33029		4.4 CITY-ST-ZIP	
TITLE	EXEC. VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	michael J Garcia		5.2 NAME	
STREET ADDRESS	430 NW 190 ave		5.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33029		5.4 CITY-ST-ZIP	
TITLE	Philomena Biondi /Senior V.P.	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS	430 NW 190 ave		6.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33029		6.4 CITY-ST-ZIP	

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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: A Garcia 4/29/96 954 437 3727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #