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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037545 (7)

**ANA2C03 CHEMICAL CORPORATION** 

FILED Apr 29 1997 8:00am Secretary of State

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|-------------------------------------|------------------------|-------------------------------|

| 7765 8.W. 86T0           | H STREET  | 7765 S.W. 86TH STREET<br>106  |  |  |   |   |                         |                             |
|--------------------------|---|---|--|--|---|---|-------------------------|-----------------------------|
| MIAMI FL 8314            | 3   | MIAMI FL 33143-7218   |  |  |   |   |                         |                             |
| US                       |   | US  |  | 3. Date Incorporated or Qualified 05/11/1995 | e of Last Report<br>6/1996  |   |                         |                             |
|                          | Place of Business   | 2a. Mailing Address   | k  |  | 4. FEI Number   | - <del>-</del>                                    | A                       | oplied For                  |
| Sulte, Apt.              |   |   | 44   | wenve  | 65-0585717  |   |                         | ot Applicable               |
| 22 City & Stat           |   | Suite, Apt. #, etc.   |  |  | 5. Certificate of Status Desired  | D)/   |                         | Additional<br>equired       |
| 23 COCA                  | . ^   | City & State  28 (CCA) (CAD)  | a (T)                                      | - A &  | 6. Election Campaign Financing  | m   |                         | May Be                      |
| Zió                      | Country   | 28 COTAL GADI   | Country                                    | lorida                                       | Trust Fund Contribution   |   |                         | to Fees                     |
| 24 331                   | 46 25 U.S.A.  |   |  | S-A.   | 8. This corporation has liability for i   | intangibie ta<br>TYes 😿                           |                         | . 199.032,                  |
|                          | 9. Name and Address of Current F  |   |  |  | 10. Name and Address of New Re  | gistered Aç                                       | jent                    |                             |
|                          | LA HOZ, JORGE E P.A.  |   | 81   | Name S                                       | RME   |   |                         |                             |
|                          | MADRUGA AVENUE, SUITE 403   |   | 82   | Street Addre                                 | ess (P.O. Box Number is Not Acceptab  | le)   |                         |                             |
| COP                      | RAL GABLES FL 33146   |   |  |  |   |   |                         |                             |
|                          |   |   | 83   |  |   |   |                         |                             |
|                          |   |   | 84   | City   |   |   | <b>85</b> Zip           | Code                        |
| 44.5                     | 10  |   |  |  |   | - FL  |                         |                             |
| office or r              | to the provisions of Sections 607.0502 a<br>registered agent, or both, in the State of<br>im familiar with, and accept the obligation | rio 607.1508, Florida Statutes<br>Florida: Such change was aut<br>ins of, Section 607.0505, Flori | i, the above<br>thorized by<br>da Statutes | o-named corpo<br>7 the corporations.         | oration submits this statement for the poon's board of directors. I hereby accep    | urpose of cl<br>it the appoir                     | nanging it<br>ntmont as | ts registered<br>registered |
| SIGNATURE                | Signature, typod or printed name of registered agent at   |   |  | int signature require                        |   | DATE  |                         |                             |
| 12.                      | OFFICERS AND D  | *· · · · · · · · · · · · · · · · · · ·  | 13.  | on organization receptor o                   | ADDITIONS/CHANGES TO OFFIC  |   | DIRECTOR                | 3S IN 12                    |
| TITLE                    | D   | DELETE  | 1.1 TOLE                                   |  |   |   | Change                  | Addition                    |
| NAME                     | VIVEROS, ANTONIO  | t.  | 1.2 NAME                                   |  |   |   |                         |                             |
| STREET ADDRESS           | 7765 SW 86TH STREET STE 303   |   | 1.3 STREET                                 | ADDRESS                                      |   |   |                         |                             |
| CITY-ST-ZIP              | MIAMI FL 33143  |   | 1.4 CITY-S                                 | I - ŽIP                                      |   |   |                         |                             |
| TITLE                    |   | DELETE  | 21 HILE                                    |  |   |   | Change                  | Addition                    |
| NAME                     |   |   | 2.2 NAME                                   |  |   |   |                         |                             |
| STREET ADDRESS           |   |   | 2.3 STREET                                 | ADDRESS                                      |   |   |                         |                             |
| CITY-ST-ZIP<br>TITLE     |   | DCLEXE  | 2.4 CITY-5                                 | ST-ZIP                                       |   |   | <del>1</del>            |                             |
| NAME                     |   | ☐ DELETE  | 3.1 TITLE                                  |  |   | Ĺ   | _ Change                | L Addition                  |
| STREET ADDRESS           |   |   | 3.2 NAME                                   | 1000000                                      |   |   |                         |                             |
| CITY-ST-ZIP              |   |   | 3.3 STREET                                 |  |   |   |                         |                             |
| TITLE                    | ***************************************   | DELETE  | 3.4. CITY - S<br>4.1 TITLE                 | 11-ZIP                                       |   |   | Change                  | ☐ Addition                  |
| NAME                     |   |   | 4. 2 NAME                                  |  |   |   | 1 Criange               | ALCOHOLI                    |
| STREET ADDRESS           |   |   | 4.3 STREET                                 | ADDRESS                                      |   |   |                         |                             |
| CITY-ST-ZIP              |   |   | 4.4 CITY - ST                              |  |   |   |                         | ,                           |
| TITLE                    |   | ☐ DELE1E  | 5.1 THLE                                   |  |   | L   | Change                  | Addition                    |
| NAME                     |   |   | 52 NAME                                    |  |   |   | •                       |                             |
| STREET ADDRESS           |   |   | 53 STREFT                                  | ADDRESS                                      |   |   |                         |                             |
| CITY-ST-ZIP              |   |   | 5 4 CITY- ST                               | 1 - 7IP                                      |   |   |                         |                             |
| TITLE                    |   | ☐ DELETE  | 6.1 TITLE                                  |  |   |   | Change                  | Addition                    |
| NAME                     |   |   | 6.2 NAME                                   |  |   |   |                         |                             |
| STREET ADDRESS           |   |   | 6.3 STREET                                 | ADDRESS                                      |   |   |                         |                             |
| City-St-ZiP              | overtile that the inferred  | 4. (  | 6.4 CITY - ST                              | I - Z(P                                      |   | <del></del>                                       |                         |                             |
| informatio               | by certify that the information supplied to indicated on this angual majory of supplied to director of the corpletivity or the state. | ชุด เกเร tiling does not qualify f<br>วได้ถูกental annual report is trud                          | for the exer<br>and accu                   | mption stated i<br>rate and that r           | in Section 119.07(3)(i), Florida Statutes<br>my signature shall have the same legal | <ul> <li>I further ce<br/>effect as if</li> </ul> | ertify that             | the<br>der path: that       |
| l am an of<br>appears ir | flicer or director of the corp Which or the<br>n Block 12 or Block 18 if chailled, or by  | receiver or trustee empowere<br>ar altachment with an addre                                       | ed to execuse.                             | ute this report                              | as required by Chapter 607, Florida St  | atutes; and                                       | that my r               | ame                         |