

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000037545 (7)**

1. Corporation Name

**ANA2C03 CHEMICAL CORPORATION**

Principal Place of Business

**915 ADUANA AVE  
CORAL GABLES FL 33146  
US**

Mailing Address

**915 ADUANA AVE  
CORAL GABLES FL 33146  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/11/1995**

4. FEI Number

**65-0585717**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 915 Aduana Ave**

Suite, Apt. #, etc.

**22 Coral Gables**

City & State

**23 Coral Gables FL**

Zip

**24 33146**

Country

**25 U.S.A**

2a. Mailing Address

**26 Same**

Suite, Apt. #, etc.

**27 -**

City & State

**28 -**

Zip

**29 -**

Country

**30 -**

9. Name and Address of Current Registered Agent

**DE LA HOZ, JORGE E P.A.  
1550 MADRUGA AVENUE, SUITE 403  
CORAL GABLES FL 33146**

*Same*

10. Name and Address of New Registered Agent

81 Name

**De la Hoz Jorge P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)

**1550 Madruga Ave #403**

83

84 City

**Coral  
Coral Gable**

**FL**

85 Zip Code

**33146**

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

*Same*

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **VIVEROS, ANTONIO**  
STREET ADDRESS **7765 SW 88TH STREET STE 303**  
CITY-ST-ZIP **MIAMI FL 33143**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D**  
1.2 NAME **Viveros, Antonio**  
1.3 STREET ADDRESS **915 Aduana Ave**  
1.4 CITY-ST-ZIP **Coral Gables, FL 33146**

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 incorporator or the person or persons 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:

*4/15/98*

CR2E034 (10/97)