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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000042031 (1)

ASCANIO, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE: 2

City & State

10850 SW 113 PL

MIAMI FL 38176

SUITE 119

21

Principal Place of Business Mailing Address

> 10195 SW 203 TR MIAMI FL 33189

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

05/24/1995

65-0502575

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23		28				Trust Fund Contribut	tion 🔲	J	Adde	d to Fees
Zip	Country	Zip	Coun	try	-	8. This corporation owe	es or has paid th	e cum	ent year f	ntangible
24	25	29	30			Personal Property Ta	ax due June 30.	_ =	Yes	☐ No
	9. Name and Address of Current		31 /		10. Name and Address	of New Registe	red A	gent		
CARTAYA, MARIA					Name					
10195 SW 203 TERRACE				32	Street Addres	ss (P.O. Box Number is N	ot Acceptable)			
MIAMI FL 33189										
			8	33						
			ı	14	City				85 Zig	Code
			1	7	Oity			FL	85 24	Code
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 Signature, typed or printed name of registered egent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.	- Great	t aignatore required	ADDITIONS/CHANGE			DIRECTO	IBS IN 12
TITLE	P	DELETE	1.1 TITLE	E		7,0011101.07010.010	0 10 011 10210		Change	
NAME	CARTAYA, MARIA		1.2 NAM	1.2 NAME					_	
STREET ADDRESS	10195 SW 203 TERRACE		1.3 STRE	ET A	DORESS					ļ
CITY - ST - ZIP	MIAMI FL 33189		1.4 CITY		})
TITLE	VP	DELETE	2,1 TiTLE	_				$\neg \tau$	Change	☐ Addition
NAME	SERNA. ASCANIO F		2.2 NAM	E					-	
STREET ADDRESS	10195 SW 203 TERRACE		2.3 STRE	ET A	DORESS					j
CITY-ST-ZIP	MIAMI FL 33189		2. 4 CITY							İ
TITLE		DELETE	3.1 TITLE						Change	Addition
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CITY-ST-ZIP			3.4, CITY	-ST	-ZíP					
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NAME			4. 2 NAM	ŧΕ						
STREET ADDRESS			4.3 STRE	ET A	DORESS		•			
CITY - ST - ZIP			4.4 CITY	-\$1-	ZIP					
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NAME			5.2 NAM	Ε	ļ					
STREET ADDRESS			5.3 STRE	ET AL	DDRESS					
CITY - ST - ZIP			5.4 CITY-	-ST-	ZIP					
TITLE		DELETE	6,1 TITLE	6,1 TITLE				[Change	Addition
NAME			6.2 NAME	E						- 1
STREET ADDRESS			6.3 STRE	ET AI	DDRESS					1
CITY-ST-ZIP			6.4 CITY	-ST-	ZIP					
14. I hereby o	ertify that the Information supplied wit	n this filing does not qualify fo	r the exem	ptic	on stated in Se	ection 119.07(3)(i), Florida	Statutes, I furthe	er cert	ify that th	e information
14. I hereby certify that the Information supplied with this filling 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 supplimental 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 of 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 or for a state of the corporation of the receiver of 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 or for a state of the corporation of the receiver of trustees.										

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