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 # P95000044065 (7)

1. Corporation Name

ANA ASLAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
825 S. BAYSHORE DR. SUITE 1847 MIAMI FL 33131	825 S. BAYSHORE DR. SUITE 1847 MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
21 999 Brickell Avenue	26 999 Brickell Avenue
Suite, Apt #, etc. 22 Suite 1006	Suite, Apt #, etc. 27 Suite 1006
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131 / Country 25 USA	Zip 29 33131 / Country 30 USA

3. Date Incorporated or Qualified: 06/07/1995
3a. Date of Last Report:

4. FEI Number: X 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

BAIER, KIRSTEN I
825 S. BAYSHORE DR.
SUITE 1847
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: BAIER, KIRSTEN I.
82 Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Avenue
83 Suite 1006
84 City: Miami FL 85 Zip Code 33131

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 Baier DATE: 4-26-96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change / Addition
1.1 TITLE	DPS	☐ Change ☒ Addition
1.2 NAME	Draxler, Sabine	
1.3 STREET ADDRESS	% 999 Brickell Avenue, Suite 1006	
1.4 CITY-ST-ZIP	Miami, Florida 33131	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: K Baier by power of attorney 4-26-96 (305) 372-0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KIRSTEN I. BAIER (company)

CR2E034 (12/95)