

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

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000060224 (9)

1. Corporation Name
ANCHOR WORLDWIDE, INC.



Principal Place of Business 4675 PONCE DE LEON BLVD SUITE 305 CORAL GABLES FL 33146	Mailing Address 4675 PONCE DE LEON BLVD SUITE 305 CORAL GABLES FL 33146-2113
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3. Date Incorporated or Qualified 08/02/1995	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 4445 N.W. 97th AVE Suite, Apt. #, etc.	2a. Mailing Address 26 4445 N.W. 97th AVE. Suite, Apt. #, etc.
22 City & State 23 Miami, FL	27 City & State 28 Miami, FL
24 33178 Zip Country 25 USA	29 33178 Zip Country 30 USA

4. FEI Number 65-0600497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DUNWOODY, W E III 4675 PONCE DE LEON BLVD SUITE 305 CORAL GABLES FL 33146		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		FL 85 Zip Code

10. Name and Address of New Registered Agent	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CIERO, JOSEPH A		1.2 NAME CIERO, Joseph A.	
STREET ADDRESS 18434 N.W. 13TH STREET		1.3 STREET ADDRESS 18434 N.W. 13th St.	
CITY-ST-ZIP PEMBROKE PINES FL 33196		1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CIERO, JOSEPH A		2.2 NAME SANCHEZ, CARLOS A.	
STREET ADDRESS 18434 N.W. 13TH STREET		2.3 STREET ADDRESS 9120 S.W. 157th PLACE	
CITY-ST-ZIP PEMBROKE PINES FL 33029		2.4 CITY-ST-ZIP MIAMI, FL 33146	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 (changes) or on an attachment with an address.

SIGNATURE: **Carlos Sanchez Pres. 4/14/97 (305) 591-8400**

CR2E034 (9/96)