

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90057 028 ***150.00

DOCUMENT # P95000075282
 1. Entity Name

Ancar Imports Corp.

Principal Place of Business 1375 N.W. 89th Ct. Suite 6 Miami, FL 33172	Mailing Address 1375 N.W. 89th Ct. Suite 6 Miami, FL 33172
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A0047773

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 390 N.W. 86th Pl. Suite, Apt. #, etc. Suite 3 City & State Miami, FL	3. Mailing Address 390 N.W. 86th Pl. Suite, Apt. #, etc. Suite 3 City & State Miami, FL
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4. FEI Number 65-0610176	Applied For Not Applicable
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Zip 33126-6826	Country U.S.A.	Zip 33126-6826	Country U.S.A.
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5. Certificate of Status Desired. **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 Canizares, Diego G.
 8201 N.W. 8th St., Apt. 409
 Miami, FL 33126

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 390 N.W. 86th Pl., Apt. 3
 City
 Miami FL Zip Code
 33126-6826

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V/S Canizares, Diego G. 8201 N.W. 8th St., Apt. 409 Miami, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Diaz, Jorge F. Km. 5.5, Manta-Montecristy Manta, Ecuador <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S 390 N.W. 86th Pl., Apt. 3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diego G. Canzares 305-513-4899
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(11/00)