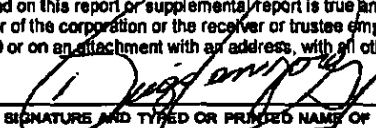


2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90193 048 ***150.00

DOCUMENT # P95000075282			
1. Entity Name Ancar Imports Corp.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4890 N.W. 102nd Ave. Suite, Apt. #, etc. Suite 102 City & State Miami, FL Zip- 33178-2222		3. Mailing Address 4890 N.W. 102nd Ave. Suite, Apt. #, etc. Suite 102 City & State Miami, FL Zip 33178-2222	
		4. FEI Number 65-0610176	
		Applied For Not Applicable	
Country USA		Country USA	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name Cañizares, Diego			
Street Address (P.O. Box Number is Not Acceptable) 4890 N.W. 102nd Ave.			
Apt. 102			
City Miami			
FL Zip Code 33178			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Cañizares, Diego 4890 N.W. 102nd Ave., Apt. 102 Miami, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Díaz, Jorge F. Km. 5.5, Manta-Montecristy Manta, Ecuador	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Faieta, Claudia 4890 N.W. 102nd Ave., Apt. 102 Miami, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. 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 10 or on an attachment with an address, with an officer like empowered.			
SIGNATURE: 		Diego Cañizares	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	
		305-513-4652	

CR2E034B (12/02)