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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

	UMENT # P950 ation Name ASANA OVERSEAS CORPO		(9)	2 182118 Dt 108 1018 (\$101 A \$101	
Principal Place of Business Mailing Address					
% MICHAEL ORTIZ. P.A. % MICHAEL ORTIZ.		z, p.a. E drive. Suite 902			
	I Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1995	3a. Date of Last Report
Suite An	- 1	26		4. FEI Number	X Applied For
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		- O- 25-11 - 10-11 - D- 1-1	Not Applicable
City & Sta	late	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
7:		28		6. Election Campaign Financing	\$5.00
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability to	Added to East
l	25 9. Name and Address of Curi	rent Registered &	30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032, s 🔀 No
	G. THIND WITH PUBLICAD OF VOIL	rent Registered Agent	81 Name	10. Name and Address of New	Registered Agent
2665 ' Suite	Z, MICHAEL S. BAYSHORE DRIVE E 902 II FL 33133		83	dress (P.O. Box Number is Not Acceptal	Die}
! Pursuant	to the provisions of Sections 607.05		B4 City	·	85 Zip Code
or registe familiar w	ered agent, or both, in the State of Fic	02 and 607.1508, Florida Statut orida. Such change was authoriz	les, the above-named corporation's hos	oration submits this statement for the pur ard of directors. I hereby accept the app	roose of changing its registered office
Identina	vith, and accept the obligations of, se	ction 607.0505 Florida Statutor	ten by the corporation a poc	ard of directors. I hereby accept the app	poso of origing its registered office
CMATHER		Table of Florida Otatules	S.	the app	ointment as registered agent. Lam
	Signature, typed or printed name of registered age	ont and tile if applicable.			omment as registered agent. Lam
	Signature, typed or printed name of registered ages OFFICERS A	ont and tile if applicable. (NC	S. DTE: Registered Agent signature require 13.	ad when reinstating)	DATE
F	Signature, typed or printed name of registered agri- OFFICERS AI P/D Moises Carciente	ONI and tile if applicable. ND DIRECTORS DELETE	OTE: Registered Agent signature require		DATE ICERS AND DIRECTORS IN 12
F	Signature, typed or printed name of registered agri- OFFICERS AI P/D Moises Carciente 3610 Yacht Club	ND DIRECTORS DELETE e Drive. #1408	DTE: Registered Agent signature require 13. 1 1 TITLE 12 NAME	ad when reinstating)	DATE
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SIGNATURE: FELIX MORENO, Secretary, Treasurer 4/19/96 (305)682-8919