


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

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90002 050 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000023889 ✓ 1. Corporation Name ANAI, INC.			
Principal Place of Business 14560 NE 6TH AVE #127 MIAMI FL 33161 US		Mailing Address 14560 NE 6 AVENUE #127 MIAMI FL 33161 US	
2. Principal Place of Business 21 6395 SW 96st Suite, Apt. #, etc. 22		2a. Mailing Address 26 6395 SW 96st Suite, Apt. #, etc. 27	
City & State 23 Miami, FL Zip 24 33156		City & State 28 Miami, FL Zip 29 33156	
Country 25 USA		Country 30 US	
9. Name and Address of Current Registered Agent TRIANA, MANUEL 981 SAN PEDRO CORAL GABLES FL 33156			
10. Name and Address of New Registered Agent 81 Name TRIANA Manuel O 82 Street Address (P.O. Box Number is Not Acceptable) 6395 SW 96st 83 84 City Miami FL 85 Zip Code 33156			
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 _____ Signature, typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME TRIANA, MANUEL O STREET ADDRESS 981 SAN PEDRO CITY-ST-ZIP CORAL GABLES FL 33156	<input type="checkbox"/> DELETE	1.1 TITLE PD TRIANA Manuel O 1.2 NAME TRIANA Manuel O 1.3 STREET ADDRESS 6395 SW 96st 1.4 CITY-ST-ZIP Miami FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME TRIANA, MANUEL STREET ADDRESS 981 SAN PEDRO CITY-ST-ZIP CORAL GABLES FL 33156	<input type="checkbox"/> DELETE	2.1 TITLE VSD TRIANA Manuel 2.2 NAME TRIANA Manuel 2.3 STREET ADDRESS 8903 SW 28 pl 2.4 CITY-ST-ZIP Miami FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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) with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)