

3-11-97 B-2897 C  
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FILED  
Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000026001 (3)

1. Corporation Name

ANANDA INTERNATIONAL MARKETING, INC.

Principal Place of Business

1925 BRICKELL AVE STE D-1112  
MIAMI FL 33129

Mailing Address

1925 BRICKELL AVE STE D-1112  
MIAMI FL 33129-1715



3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 19370 Collins Ave. #1401

Suite, Apt. #, etc.

22 #1401

City & State

23 MIAMI BEACH, FLORIDA

Zip

24 33160

Country

25 DADE

2a. Mailing Address

26 P.O. Box 800936

Suite, Apt. #, etc.

27 AVENTURA, FLA

City & State

Zip

29 33280

Country

30 DADE

4. FEI Number

65-0651525

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BUJE, MERRY C

1925 BRICKELL AVE STE D-1112

MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name ROSLYN L. STEVENSON

82 Street Address (P.O. Box Number is Not Acceptable)

19370 Collins Ave. #1401

83 MIAMI BEACH

84 City

FL

85 Zip Code

33160

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

Roslyn Stevenson

ROSLYN STEVENSON

1-20-97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME BUJE, MERRY C  
STREET ADDRESS 1925 BRICKELL AVE STE D-1112  
CITY-ST-ZIP MIAMI FL 33129

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PSTD  
12 NAME STEVENSON, ROSLYN  
13 STREET ADDRESS 19370 Collins Ave. #1401  
14 CITY-ST-ZIP MIAMI BEACH, FL 33160

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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)(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.

SIGNATURE:

Roslyn Stevenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97

305-931-5052

Date

Daytime Phone #

CR2E034 (9/96)