## FILE NOW: FILING FEE AFTER MAY 145 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1007	
DOCUMENT #	P9600003771

1. Corporation Name
ANCHOR SITIPPING CO

## FILED May 06 1997 8:00am Secretary of State

AVCH	OR SHAME DE	•							
	PONCE DE LEON B Gables FL 3								
CORRI	Chous, FC 2	515 <del>1</del>			3. Date Incorporated or Qualified APRIL 19, 1996	3a. Date of I	ast Report		
	lace of Business	2a. Mailing Address			4. FEI Number		Applied	For	
21 SAME AS ABOVE 26 SAME AS		ANDONE		65-0664140		Not Applicable			
Suita. Apt. #, etc Suite, Apt. #, etc. 27				5. Certificate of Status Desired	of Status Desired Sa.75 Ad				
City & State City & State					6. Election Campaign Financing		5.00 May I		
23		28			Trust Fund Contribution		dded to Fee		
Zip <b>24</b>	Country 25					<ol> <li>This corporation has liability for intangible tax under s. 199.032. Florida Statutes</li> <li>Yes ☐ No</li> </ol>			
[]	9. Name and Address of Curren		1001		10. Name and Address of New Re				
AIFO	ED HERNANDEZ	· · · · · · · · · · · · · · · · · · ·	B1 Na	me	1				
2235	NE 1954 St.		<b>62</b> Str	eet Addre	ess (P.O. Box Number is Not Acceptat	nle)			
2333	MIAMI BEACH, F	33180			iss (1.0. Box Harrison is 1100 noceptate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
POSCIA	MIMMI DENOT	2 05100	63						
			84 City	<i>y</i>		FL 85	Zip Code		
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	es, the above-nan	ned corpo	pration submits this statement for the p	ourpose of chance	ing its regi	stered	
<ul> <li>office or re</li> </ul>	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a	uthorized by the	corporation	on's board of directors. I hereby accept	ot the appointme	int as regist	ered	
SIGNATURE								ŀ	
	big: aline, typed or pented name of registered age		Registered Agent sign	ature require		DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	<del></del>			
THUE	PRESIDENT UP	SEC, T. Willie	1.1 TITLE 1.2 NAME			L. Ch	ange [_]/	Addition 3	
NAME Groves even no	ACT KELD HEK NAMBEZ							5	
STREET ADDRESS	NORTH MIAM! BUT	or.	1.3 STREET ADDRE	355				Į į	
CITY - ST - ZIP	TOOL HE MITTING	DELETE	1.4 City - St - ZIP 2.1 TITLE			☐ Ch	ange II.	Addition C	
NAME		L. John	22 NAME			- J	יום אפוווי	100131011	
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City-S1-7iP			2. 4 CITY - ST - ZIP					1	
169		☐ DELETE	3.1 TITLE			☐ Ch	ange	Addition	
NAME			3.2 NAME	l l					
STREET ADDRESS			3.3 STREET ADDRE	SS					
CHY - \$1 - 75P			3.4 CITY-ST-ZIP						
l titlet		☐ DELETE	4.1 TITLE			☐ Ch	ange 🔲 /	Addition	
HAME			4. 2 NAME						
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CITY ST ZIF		Drive	4.4 CITY - ST - ZIP			-l	<del></del>	7.4 11	
Taffult		DELETE	5.1 TITLE			// Li Ch	199 Y	Addition	
NAM!			5.2 NAME			ムケノ	1,19	17	
STREET ADORESS			5.3 STREET ADDRE	SS	TA TA	10/1	'U 1	7	
(35Y St 74P		DELETE	5.4 CITY+ST-ZIP 6.1 TITLE			7 170	ange []	Addition	
NAME		F" DECEIL	6.2 NAME		30000217 -05/09/970117 ***165.00	<u> </u>	onge LI	- AGUIUUH	
STREET ADORESS			6.3 STREET ADDRE	22	-05/09/970117	23016			
(1.A \$1 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			6.4 CITY-ST-ZIP		***165 <b>.</b> 00				
14 Loto heret	by certify that the information supplied	d with this filing does not qualif	v for the exemption	n stated	in Section 119 07/3Vi). Florida Statute	s. Uturther certify	that the	***************************************	
I informatio	n indicated on this annual report or s	upplementa! annual report is tr	ue and accurate.	and that r	ny signature shall have the same lega	l effect as if mad	de under oa	th: that	

14. I do heroby 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 are 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 33 changed, or on an attachment with an address.

SIGNATURE:

ALANED HEZNANDEZ—

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

424/97 (30x)567-2883 Date Date Dayline Proce #