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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048103 (1)

ANANDA FLORIDA, INC.

(
Principal Place	of Business	Mailing Addr	oss				 	### (()
601 BRICKELL SUITE 805 MIAMI FL 3313	KEY DRIVE	601 BRICKELI SUITE 805	601 BRICKELL KEY DRIVE					
	•					3. Date Incorporated or Qualified 06/06/1996	3a. Date of Last Ho	port
2. Principal Pl	ace of Business	2a. Mailing A	ddross			4. FEI Number	Apr	olied For
21		26						Applicable
Sulte, Apt.	#, etc.	Suite, Ap				5. Certificate of Status Desired	\$8.75 AG	
City & State		City & Sta 28	alc			Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	Fees
Zip Country		7ip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24 25 9. Name and Address of		29				Florida Statutos		
		or Current Registered Age	·nt	81	Name	10. Name and Address of New Ne	gistered Agent	
	EN & GALEGO							/
601 BRICKELL KEY DRIVE SUITE 805				82	Street Address (P.O. Box Number is Not Acceptable)			
	MI FL 33131		83					
mu	III 1 E 00101				-6-		[ac 7- C	
				84	City		FL 85 Zip C	ode
office or r agent. I a SIGNATURE	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of the	the obligations of, Section (607.0505, FR	orida Statutes	i.	poration submits this statement for the pation's board of directors. I hereby acception's properties of the patients of the pa	DATE	
12.		CERS AND DIRECTORS	_` _	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS	3 IN 12
TITLE	PS		DITE	1.1 1/11.6			Change	Addition
NAME	Susana b.	Rul. Keu hrive #8	۸ĸ	1,2 NAME				
STREET ADDRESS WOL DITTORET					1.3 STREET ADDRESS			
CITY-ST-ZIP		3131	DELFTE	1.4 CHY-S	T-ZIP		Change	Addition
TITLE	Paulina Ru	hi x	ם מכוינוב	21 THILE 22 NAME			Change	Notition
NAME STREET ADDRESS	601 Brickell	Key Drive +	805	2.2 NAME 2.3 STREET	ADDRESS			
CITY-ST-ZIP	Miami, FL	33131		2.4 DITY-5				
TITLE	4		DELETE	3.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	Robert N.	Allen , Jr		32 NAME				
STREET ADDRESS		Key Drive #	805	3.3 STREET	ADDRESS			
CITY-ST-ZIP	Miami, FL	33(3)		34 CHY-5	ST - ZIP			
TITLE	·	Ļ	DELETE	4.1 TITLE			Change C	Addition
NAME				4. 2 NAME		1 0000222 -06/30/97010	<u>'576</u> 1 ∤	<i>1</i> 6
STREET ADDRESS				43 STREET		-06/30/97010	02022	6-27
CITY-ST-ZIP			DELETE	4.4 CITY - S 5.1 TITLE	1- ZIF	***550.00	Change	Addition
TITLE			_, 0,1	5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS	•		
CITY-ST-ZIP		A		5.4 CITY - S				
TITLE			DELETÉ	6.1 TOTLE		1 / 8 - 1 //	Change	Ado # dir
NAME				6.2 NAME		3000002E	12333	
STREET ADDRESS				6.3 STREET	ADDRESS	-114/113/3(111)	N05P	
CITY-ST-ZIP				64 DITY-S	T - 7IP	**************************************		 -
14, I do herel informatio I am an o appears i	by certify that the information indicated on this annual afficer or director of the corpin Block 12 or Block 13 if ch	in supplied with this filing di report of supplemental anni poration or the receiver or the nanged, or on an attach per	oes not quali ual report is (ustee ampor it with an add	ity for the exc true and acci vered to exec dress:	mption state trate and that tute this repo	d in Section 119.07(3)(i). Florida Statut it my signature shall have the same leg- ort as required by Chapter 607, Florida i	is. I further certify that t at effect as if made und Statutes, and that my no	ne fer oath; that ame