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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P 96000088565 (2)
1. Corporation Name
Anacamp, Flx.

Principal Place of Business: 4160 W 16 AVE., STE. 405 HIALEAH FL 33012
Mailing Address: 4160 W. 16TH AVE. STE. 405 HIALEAH FL 33012

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/28/1996	
Suite, Apt. #, etc	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent
LEAL, EFREN V
4160 W. 16TH AVE., STE. 405
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1528, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, 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: *[Signature]* DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	CAMPOS, JOSE R	
STREET ADDRESS	4160 W. 16TH AVE., STE. 405	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEAL, EFREN V	
STREET ADDRESS	4160 W. 16TH AVE., STE. 405	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	300002265989	<input type="checkbox"/> Add in
12 NAME	-08/13/97--01084--001	
13 STREET ADDRESS	***165.00	
14 CITY-ST-ZIP	***165.00	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 its 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 6/20/97 (305)557-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)

2 of 2



Royale Realty, Inc.

June 30, 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Subject: Anacamp, Inc.
Ref: Number P96000088565

Hon. Mss. Mortham;

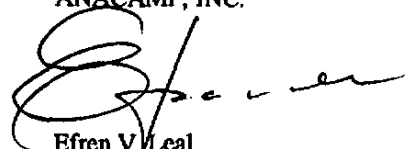
As per your office instructions, please find enclosed herein our check #1002 in the amount of \$165.00 issue to the DEPARTMENT OF STATE, to replace our check #1001 (lost in the mail).

As I explained to your office we mailed you the Corporation Annual Report on February 26, 1997 properly executed and with our check #1001, But after we find out that the check remain outstanding, we called your office and we were informed that you hadn't receive it. (Attach herein a copy of the form and the check)

We are sorry for the inconvenience, but it was beyond our control. We thank you very much for your understanding.

Sincerely,

ANACAMP, INC.



Efren V. Leal
Secretary

