

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

FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000041405 (6)  
1. Corporation Name  
ANI-TEQUESTA, INC.



Principal Place of Business 2665 S. BAYSHORE DR. SUITE 202 COCONUT GROVE FL 33133	Mailing Address 2665 S. BAYSHORE DR. SUITE 202 COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/09/1997 4. FEI Number 65-0751655 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASHINGTON, LYNN C  
701 BRICKELL AVENUE  
MIAMI FL 33131

81 Name Richard E. Deutch, Jr.	82 Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Dr	83 Suite Suite 202	84 City Coconut Grove	85 Zip Code FL 33133
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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, as 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C
NAME	DOMINGUEZ, AGUSTIN	1.2 NAME	WOLFSON, Louis III
STREET ADDRESS	1460 BRICKELL AVENUE #309	1.3 STREET ADDRESS	2665 S. Bayshore Dr suite 202
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	D	2.1 TITLE	P
NAME	ANDERSON, EUGENIA	2.2 NAME	WOHL, Michael D.
STREET ADDRESS	1460 BRICKELL AVENUE #309	2.3 STREET ADDRESS	2665 S. Bayshore Dr suite 202
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE		3.1 TITLE	ST
NAME		3.2 NAME	ANGULO, Victor
STREET ADDRESS		3.3 STREET ADDRESS	2665 S. Bayshore Dr suite 202
CITY-ST-ZIP		3.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/98

305-854-7100

CR2E034 (10/97)