

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90010 009 ***550.00

DOCUMENT # P97000047839

Corporation Name
ANMAR SA CORP.

Principal Place of Business

25 S.E. 2ND AVENUE
SUITE 201
MIAMI FL 33131

Mailing Address

25 S.E. 2ND AVENUE
SUITE 201
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

Principal Place of Business 25 S.E. 2ND AVENUE Suite, Apt. #, etc. SUITE 410 City & State MIAMI, FL. Zip 33131		2a. Mailing Address 25 S.E. 2ND AVENUE Suite, Apt. #, etc. SUITE 410 City & State MIAMI, FL. Zip 33131		3. Date Incorporated or Qualified 05/30/1997	
4. FEI Number 65-0764407		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	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent VEGA, CELIA S 25 S.E. 2ND AVENUE SUITE 201 MIAMI FL 33131		9. Name and Address of New Registered Agent 81 Name VEGA, CELIA S. 82 Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2ND AVENUE 83 SUITE 410 84 City MIAMI 85 Zip Code FL 33131	

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 Signature, typed or printed name of registered agent and title if applicable. CELIA S. VEGA 9/2/99		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICERS AND DIRECTORS		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME GUERRA, MARCELO R		1.2 NAME	
1.3 STREET ADDRESS 25 S.E. 2ND AVENUE		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP	
2. NAME GUERRA, ANALIA V		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS 25 S.E. 2ND AVENUE		2.2 NAME	
2.4 CITY-ST-ZIP MIAMI FL 33131		2.3 STREET ADDRESS	
3. NAME		2.4 CITY-ST-ZIP	
3.3 STREET ADDRESS		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.4 CITY-ST-ZIP		3.2 NAME	
4. NAME		3.3 STREET ADDRESS	
4.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.4 CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. NAME		4.2 NAME	
5.3 STREET ADDRESS		4.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
6. NAME		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS		5.2 NAME	
6.4 CITY-ST-ZIP		5.3 STREET ADDRESS	
7. NAME		5.4 CITY-ST-ZIP	
7.3 STREET ADDRESS		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7.4 CITY-ST-ZIP		6.2 NAME	
8. NAME		6.3 STREET ADDRESS	
8.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
8.4 CITY-ST-ZIP		7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. NAME		7.2 NAME	
9.3 STREET ADDRESS		7.3 STREET ADDRESS	
9.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)