

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90087 002 ***150.00

DOCUMENT # P97000048833

1. Corporation Name
ANAMED CORP.

Principal Place of Business
4432 SW 74TH AVE
MIAMI FL 33155

Mailing Address
4432 SW 74TH AVE
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1997

4. FEI Number
65-0758820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, OSVALDO J
221 SW 134TH STREET
MIAMI FL 33184

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

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, 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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 29th / 99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P
NAME GARCIA, OSVALDO J
STREET ADDRESS 221 SW 134TH STREET
CITY-ST-ZIP MIAMI FL 33184

1.1 TITLE Pres.
1.2 NAME Osvaldo J. Garcia
1.3 STREET ADDRESS 221 SW 134th Street
1.4 CITY-ST-ZIP Miami, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Vice Pres.
2.2 NAME Elsa G. Janulonis
2.3 STREET ADDRESS 9845 SW 86th Street
2.4 CITY-ST-ZIP Miami, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Secretary/Treasurer
3.2 NAME V. Jeffrey Janulonis
3.3 STREET ADDRESS 9845 SW 86th St.
3.4 CITY-ST-ZIP Miami, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 305-266-9698

CR2E034 (11/98)