

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000056618 (6)

1. Corporation Name
ANESBAR CORPORATION

Principal Place of Business

Mailing Address

OTERO, TOMLIN & TOMLIN, C/O JORGE E. OTERO
75 VALENCIA AVE., 4TH FLOOR
CORAL GABLES FL 33134

OTERO, TOMLIN & TOMLIN, C/O JORGE E. OTERO
75 VALENCIA AVE., 4TH FLOOR
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

2. Principal Place of Business

21 8325 N.W. 30th TERR.

Suite, Apt. #, etc.

22 City & State
Miami, FL

23 Zip
33122

24 Country

2a. Mailing Address

26 8325 N.W. 30th TERR.

Suite, Apt. #, etc.

27 City & State
Miami, FL

28 Zip
33122

29 Country

4. FEI Number

65-0773757

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OTERO, TOMLIN & TOMLIN, P.A.
75 VALENCIA AVE., STE. 400
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name RAFAEL BARCIA

82 Street Address (P.O. Box Number is Not Acceptable)
8325 N.W. 30th TERR.

83

84 City Miami

FL

85 Zip Code
33122

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

RAFAEL BARCIA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/7/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARCIA, RAFAEL
STREET ADDRESS 1793 MICANOPY AVE.
CITY-ST-ZIP COCONUT GROVE FL 33133

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 by an attachment with an address.

SIGNATURE

RAFAEL BARCIA

PRESIDENT

4/7/98 (305) 477-1968

CR2E034 (10/97)