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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000079388 1. Corporation Name

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90008 017 ***150.00

ANATEC	H, INC.							
Principal Place	of Rusiness	Mailing Address					18101 1811 1801	
8256 NW 70 ST		8256 NW 70 ST.						
MIAMI FL 33166 MIAMI FL 33166								
					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed		ļ	
2 Principal D	lace of Business	2a, Mailing Address			09/12/1997 4. FEI Number	An	plied For	
21	ace of business	26			65-0780994		t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A		
22		27			5. Certifcate of Status Desired	Fee Re	:quired	
City & State	e	City & State		<u> </u>	6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip		intry	8. This corporation owes the current year			
24	25		30		Personal Property Tax. 10. Name and Address of New Register	<u> </u>	□No	
	9. Name and Address of Currer	it Registered Agent		81 Name	10. Name and Address of New Registe	ned Agent		
A1 \/I	ES, CARLOS			OI Name				
2826 SW 177 TERRACE				82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	AMAR FL 33029			83				,
1,								
				84 City		FL 85 Zip C	Code	
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized	d by the corporat	poration submits this statement for the purpo- ion's board of directors. I hereby accept the a	se of changing its appointment as req	registered gistered	
SIGNATURE	Signature, typed or printed name of registered age	title & analisable (NOTE:	Dogistoras	l Agent signature requir	red when reinstating) DAT			_
12.		ID DIRECTORS	13.	Agont alginature requi	ADDITIONS/CHANGES TO OFFICER		RS IN 12	11/98)
TITLE	PD	☐ DELETE	1.1 🏋	TLE		☐ Change	Addition	11
NAME	ALVES, CARLOS		1.2 N	AME				2
STREET ADDRESS	2826 SW 177 TERRACE		1.3 S	TREET ADDRESS			\	FOST
CITY-ST-ZIP	MIRAMAR FL 33029		1.4 C	TY-\$T-ZIP				õ
TITLE	TSD	☐ DELETE	2.1 TI	TLE		Change	Addition	C
NAME	SILVA, LUCIA		2.2 N	AME				
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CITY-ST-ZIP	MIRAMAR FL 33029		2.3 5	TREET ADDRESS			}	
- mit			2.40	CITY-ST-ZIP			- Addition	
NAME		☐ DELETE	2.4 C	TLE	<u></u>	☐ Change	☐ Addition	-
		☐ DECETE	2.40 3.1 Ti 3.2 N	CITY-ST-ZIP . TLE AME		☐ Change	Addition	
STREET ADDRESS		☐ DELETE	2.4 C 3.1 Ti 3.2 N 3.3 S	TILE AME TREET ADDRESS		☐ Change	Addition	
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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 with all other like empowered.