FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000079388

ANATECH, INC.

1. Entity Name

FILED Apr 10, 2002 8:00 am Secretary of State

04-10-2002 90446 004 ***150.00

THIS SPACE	B0064248
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2. Principal Place of Business 8388 N.W. 68 ST. Suite, Apt. #, etc.			3. Mailing Address 8388 N.W. 68 ST. Suite, Apt. #, etc.				DO NOT WF	RITE IN THIS SP	ACE
City & State City & State						4. FEI Number Applied For			
MIAMI Zip 33166	FL Country		MIAMI FL Zip 33166	Countr	у .	5. (Certificate of Status Desired	. _[7] \$1	Not Applicable 3.75 Additional e Required
		OT WR	ITE		Street Addres	/ES,	me and Address of Currel CARLOS OX Number is Not! Acceptate 177 TERRACE	ele)	gent
					City MIF	RAMAI	R	FL	Zip Code 33029
SIGNATURE	named entity submits the signature, typed or printed name ration is eligible to satis equirement and elects to a on back)	of registered agent and	itle if applicable. (f January 1 After M Amen	NOTE: Registered - May 1 Fee lay 1, Fee is ded UBR is	Agent signature reques is \$150.00 \$550.00 \$61.25	ired when re	ent, or both, in the State of F instating) 10. Election Campaign F Trust Fund Contribut	DATE	\$5.00 May Be Added to Fees
11.		FFICERS AND DIF	Make Check Pay RECTORS	yable to De	partment of s	otate			
NAME STREET ADDRESS CITY-ST-ZIP	ALVES, CAR 2828 SW 17 MIRAMAR FI	7 TERRAC	CE	NAME	ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SILVA, LUC 2828-SW17 MIRAMAR F	7_TERRAC	CE		ADDRESS IT-ZIP	en e	ر معیون شد مایدینید و مجود،	angalos, a go a seriente	ان مقتد حر ۲۰
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HINAMAN	11 33027		TITLE NAME STREE CITY-S	ADDRESS it-zip		DO NOT	WRIT	E
TITLE NAME STREET AOORESS CITY-ST-ZIP				TITLE NAME STREE CITY-5	ADDRESS ST-ZIP		IN THIS	SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			TITLE NAME STREET CITY-S	TADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				
13. I hereby c	ertify that the informatio	n supplied with thi	s filing does not qualify	for the exem	ption stated in	Section	119.07(3)(i), Florida Statutes	s. I further certify	that the information

indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

OF SIGNING OFFICER OR DIRECTOR

CARLOS ALVES, PRES-