

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90006 007 \*\*\*150.00

DOCUMENT # 997000096082

1. Corporation Name

ANUNIA Corp.

Principal Place of Business

Mailing Address

7632 NW 5th Street Apt 1-A  
Plantation, FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

7632 NW 5th St

7632 NW 5th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 1A

Apt 1A

City & State

City & State

Plantation, FL

Plantation FL

Zip

Country

33324 USA

Zip

Country

33324 USA

9. Name and Address of Current Registered Agent

Hugo BARON  
7632 NW 5th St Apt 1A  
Plantation FL 33324

4. FEI Number

65-0806462

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

| TITLE | NAME       | STREET ADDRESS        | CITY-STATE-ZIP      | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
|-------|------------|-----------------------|---------------------|-------|------|----------------|----------------|
| B/P   | Hugo BARON | 7632 NW 5th St Apt 1A | Plantation FL 33324 |       |      |                |                |
|       |            |                       |                     |       |      |                |                |
|       |            |                       |                     |       |      |                |                |
|       |            |                       |                     |       |      |                |                |
|       |            |                       |                     |       |      |                |                |
|       |            |                       |                     |       |      |                |                |
|       |            |                       |                     |       |      |                |                |
|       |            |                       |                     |       |      |                |                |
|       |            |                       |                     |       |      |                |                |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP |
|-----------|----------|--------------------|--------------------|-----------|----------|--------------------|--------------------|
|           |          |                    |                    |           |          |                    |                    |
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99

CR2E034 (11/98)