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

**PROFIT** CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000103123 (0) **DOCUMENT #**1. Corporation Name

ANACONDA SYSTEMS INC. Principal Place of Business Mailing Address 2781 NW 104 COURT 2781 NW 104 COURT MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1997 4. FEI Number 08 12031 Applied For 2. Principal Place of Business 2s. Mailing Address 21 26 Not Applicable Suite, Apt. #, etc. Suita, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** Added to Fees Country Country 8. This corporation owes or has paid the current year Intengible 24 Personal Property Tax due June 30. Yes 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARCELIN, LUIS 2781 NW 104 COURT Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33172 84 City 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) 12. OFFICERS AND DIRECTORS 13. DELETE Change 11 TITLE TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MARCELIN, LUIS 1 2 NAME MALIF 1200 WEST AVENUE, PH-2 1.3 STREET ADORESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE ABADIA, DEBORA 2.2 NAME NAME 1125 WEST DRIVE, #807 STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET AIYORESS

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 true 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 print attachment with an address.

SIGNATURE:

2 20 97 (307) 5731184

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Mar 04 1998 8:00am

Secretary of State