

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90047 034 ***150.00

DOCUMENT # P99000104699
 1. Entity Name
ANA INSURANCE GROUP, INC.

Principal Place of Business Mailing Address
560 N.W. 165TH ST. RD., STE. 300 **560 N.W. 165TH ST. RD., STE. 300**
NORTH MIAMI FL 33169 **NORTH MIAMI FL 33169**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
560 NW 165 St. Rd. **P.O. Box 693560**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Florida **Miami, Florida**
 Zip Country Zip Country
33169 **USA** **33269** **USA**

4. FEI Number Applied For
65-0978121 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COHEN, LEWIS R
C/O LEWIS R. COHEN P.A.
1399 S.W. 1ST AVE., 3RD FL
MIAMI FL 33130

7. Name and Address of New Registered Agent
 Name **Paul Fraynd**
 Street Address (P.O. Box Number is Not Acceptable) **560 NW 165 Street Rd.**
 City **Miami** FL Zip **33169**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Paul Fraynd* DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FRAYND, PAUL	
STREET ADDRESS	560 N.W. 165TH ST. RD., STE. 300	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAYND, SAUL	
STREET ADDRESS	560 N.W. 165TH ST. RD., STE. 300	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAYND, FANNY	
STREET ADDRESS	560 N.W. 165TH ST. RD., STE. 300	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 Block 12 if changed, or on an attachment with an address, with an otherwise empowered.

SIGNATURE: *Paul Fraynd* Date **4/19/02** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)