

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S88041** (6)  
1. Corporation Name  
**ANCONA CORP**



Principal Place of Business  
**3079 NE 163RD STREET  
N MIAMI BEACH FL 33160  
US**

Mailing Address  
**P.O. BOX 63817  
MIAMI FL 33163**

3. Date Incorporated or Qualified **10/18/1991** 3a. Date of Last Report **02/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0292592</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PREM. ASSET MGMT., INC. 3115 NE 163RD STREET NO MIAMI BCH FL 33160</b>		81. Name <b>PREMIER ASSET MANAGEMENT, INC.</b>	85. Zip Code <b>33064</b>
		82. Street Address (P.O. Box Number is Not Acceptable) <b>2100 Park Central Boulevard North</b>	
		83. SUITE 900	
		84. City <b>POMPANO BEACH</b>	85. FL

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 if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZOUT, JACK</b>	1.2 NAME	<b>AZOUT, JACK</b>
STREET ADDRESS	<b>3802 NE 207 ST #1502</b>	1.3 STREET ADDRESS	<b>3802 NE 207th ST. STE#1502</b>
CITY - ST - ZIP	<b>NORTH MIAMI BCH FL</b>	1.4 CITY - ST - ZIP	<b>NORTH MIAMI BEACH, FL 33180</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZOUT, GILDA</b>	2.2 NAME	<b>AZOUT, GILDA</b>
STREET ADDRESS	<b>3802 NE 207 ST #1502</b>	2.3 STREET ADDRESS	<b>3802 NE 207th ST. STE#1502</b>
CITY - ST - ZIP	<b>NORTH MIAMI BCH FL</b>	2.4 CITY - ST - ZIP	<b>NORTH MIAMIBEACH, FL 33180</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/96*

DATE

*935-5125*

DAYTIME PHONE

CR2E034 (12/95)