FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V08315** **(6)**

1. Corporation Name
ANCI PROPERTIES, INC.

Principal Place of Business	Mailing Address
4937 SW 74TH CT MIAMI FL 33155 US	4937 SW 74TH CT MIAMI FL 33155 US

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0312601 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 14924 SW 104TH ST
Suite, Apt. #, etc.
22 UNIT 30
City & State
23 MIAMI, FLORIDA
Zip 24 33196 — Country 25

2a. Mailing Address
26 14924 SW 104TH ST
Suite, Apt. #, etc.
27 UNIT 30
City & State
28 MIAMI, FLORIDA
Zip 29 33196 — Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BESU, ROGER
815 NW 57TH AVE
SUITE 484
MIAMI FL 33125

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	ESPOSITO TINA	
STREET ADDRESS	8249 SW 84 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☒ DELETE
NAME	ESPOSITO, LUIGI	
STREET ADDRESS	8249 SW 84 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	P/O/S	
3.1 TITLE	ESPOSITO, ANTONIETTA	☐ Change ☐ Addition
3.2 NAME	14924 SW 104TH ST, UNIT 30	
3.3 STREET ADDRESS	MIAMI, FL 33196	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	200001776682	☐ Change ☐ Addition
6.2 NAME	-04/11/96--01048--007	
6.3 STREET ADDRESS	***200.00	
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: Antonietta Esposito — 4/4/96 — 305 665-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)