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 # **V12697** **(1)**

1. Corporation Name

ANSALA, INC.

Principal Place of Business	Mailing Address
334 MINORCA AVENUE SUITE 200 CORAL GABLES FL 33134	334 MINORCA AVENUE SUITE 200 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 02/07/1992
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business
21 5101 S. W. 8 Street
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida 33134
Zip
24
Country
25 USA

2a. Mailing Address
26 5101 S. W. 8 Street
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida 33134
Zip
29
Country
30 USA

4. FEI Number: 65-0361921 ☐ Applied For ☐ Not Applicable

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

BRIDGES, ROGER A.
334 MINORCA AVENUE
SUITE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: JUAN. J. ALBERTi - FLOR, MD
82 Street Address (P.O. Box Number is Not Acceptable): 5101 SW 8 Street
83 Miami Fl. 33134
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] 1/21/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ALBERTI-FLOR, JUAN J		1.2 NAME		
STREET ADDRESS	951 SW 42 AVE. #302		1.3 STREET ADDRESS	5101 S. W. 8 Street	
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP	Miami, Florida 33134	
TITLE	T	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HERNANDEZ, MOISES E		2.2 NAME		
STREET ADDRESS	951 SW 42ND AVE. #302		2.3 STREET ADDRESS	5101 S. W. 8 Street	
CITY-ST-ZIP	MIAMI FL 33134		2.4 CITY-ST-ZIP	Miami, Florida 33134	
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	FERRER, JOSE P		3.2 NAME		
STREET ADDRESS	951 SW 42ND AVE. #302		3.3 STREET ADDRESS	5101 S. W. 8 Street	
CITY-ST-ZIP	MIAMI FL 33134		3.4 CITY-ST-ZIP	Miami, Florida 33134	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HERNANDEZ, ANA		4.2 NAME		
STREET ADDRESS	951 SW 42ND AVE. #302		4.3 STREET ADDRESS	5101 S. W. 8 Street	
CITY-ST-ZIP	MIAMI FL 33134		4.4 CITY-ST-ZIP	Miami, Florida 33134	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	FERRER, SARA		5.2 NAME		
STREET ADDRESS	951 SW 42ND AVE. #302		5.3 STREET ADDRESS	5101 S. W. 8 Street	
CITY-ST-ZIP	MIAMI FL 33134		5.4 CITY-ST-ZIP	Miami, Florida 33134	
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	ALBERTI, LAURA D		6.2 NAME		
STREET ADDRESS	951 SW 42ND AVE. #302		6.3 STREET ADDRESS	5101 S. W. 8 Street	
CITY-ST-ZIP	MIAMI FL 33134		6.4 CITY-ST-ZIP	Miami, Florida 33134	

CR2E034 (12/95)

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] 1-21-96 Aus. (305)441-1570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #