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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

V41770

(1)

DOCUMENT #
1. Corporation Name
ANVACU, INC.

Principal Place of Business

Mailing Address



7901 N.W. Miami Fl 3			7901 N.W. 21 STREET MIAMI FL 33122											
									3. Date Incorpor 06/08/		38. [Date of Last 04/26/		
2. Principal Pla	ce of Busine	988	├ ¬	ng Address					4. FEI Number				Applied For	
21			26						65-03	64083	···		Not Applica	ble
Suite, Apt. #, etc. 27									5. Certificate of	Status Desired			5 Additiona Required	ı
City & State	28	 				Troat Forto Contribution				S5.00 May Be Added to Fees				
Zip	•	Country	Zip			ountry	′			on has liability for			s 199.032,	
24 25 29 3 9. Name and Address of Current Registered Agent								1	Florida Statut		No.			
	3, (tanic	and Address of Cont	un negistereo	Agein		81	Name		10. Name and A	ddress of New F	register	ea Agent		
CORPO	ARATION (COMPANY OF MIAN	Ai .			82								
CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD							Street	Address	Address (P.O. Box Number is Not Acceptable)					
1500 M			83						. <u> </u>					
MIAMI					L									
						84	City					85 2	Zip Code	
11. Pursuant to	the provision	ons of Sections 607.050	02 and 607,1508	3, Florida Statute:	s, the a	bove	L named c	orporatio	n submits this sta	tement for the pur	roose of	changing its	registered of	ffice
ur registere	agent, or	both, in the State of Flo t the obligations of, Se	inda, Such chan	ue was authorize	d by th	e corp	oration's	s board o	f directors. I heret	by accept the app	ointment	as registere	ed agent. I am	1
SIGNATURE		3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. io ioo o totatoo.										
s	Signature, Typed o	or printed name of registered age			E: Registe	red Ager	it signature	required who	en reinstatingi		DATE	E		_ ©
12.	66	OFFICERS A	ND DIRECTORS		13			T	ADDITIONS/C	HANGES TO OFF	ICERS A	ND DIRECT	ORS IN 12	
III.€	PD	I DICADDO I		☐ DELFTE	1.	1 TITLE						Change	☐ Additio	CR2E034 (12/95)
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NAME		LUIS CARLOS		□ DELETE		1 TITLE						☐ Change	Addilio	n O
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CrTY-ST-ZiP					64	CITY S	T-ZIP							
14 I do hereby	certify that t	ha information aunolice	Lurith this filing is	متصبية بالممغميناميين	had aa	-1 -1		-14 . 4			A = . A . A .			

4. For 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

305-594-1000