FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED
95 MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M68526 (6)

1. FAASS HOLDINGS, INC.

Principal Place of Business: ~~P O BOX 3421~~ ~~NORTH FT MYERS FL 33918~~

Mailing Address: ~~P O BOX 3421~~ ~~NORTH FT MYERS FL 33918~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0031042 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 839	26 P.O. Box 839
22	27
23 LaBelle, FL	28 LaBelle, FL
24 33935 — 25 Hendry	29 33935 — 30 Hendry

9. Name and Address of Current Registered Agent

REITER, MICHAEL P.
P O BOX 3421
NORTH FT MYERS FL 33918

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. [illegible registered agent statement]

12. OFFICERS AND DIRECTORS

DP
FAASS, RUTH
4918 SR 78A
LABELLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Director/Secy — [X] Change [ ] Addition

Director/Pres. — [ ] Change [X] Addition
HANS O. FAASS
4918 SR 78A
LaBelle, FL

14. [illegible certification statement regarding annual report]

SIGNATURE: H.O. FAASS PRES 5-6-95 813-674-1036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0450879 FP

FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # M69193 (4)

1. Corporate Name

ANATUR CORPORATION

Principal Place of Business	Mailing Address
C/O LERMAN AND LERMAN P.A 48 E FLAGLER ST PH-101 MIAMI FL 33131	C/O LERMAN AND LERMAN P.A. 48 E FLAGLER ST PH-101 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1988
3a. Date of Last Report: 09/15/1994
4. FEI Number: 65-0061239 — 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 Section 199.032 Florida Statutes [ ] Yes X No *Foreign Shareholders*

2. Principal Place of Business — 2a. Mailing Address

9. Name and Address of Current Registered Agent

LERMAN, GEORGE
48 E FLAGLER ST PH-101
MIAMI FL 33131

10. Name and Address of New Registered Agent

Name / Street Address (P.O. Box Number is Not Acceptable) / City FL / 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

12. OFFICERS AND DIRECTORS

Field	
TITLE	PD
NAME	BENHAMRON, LEON
STREET ADDRESS	48 E FLAGLER ST PH-101
CITY-ST-ZIP	MIAMI FL 33131
TITLE	DST
NAME	BENHAMRON, REYNA
STREET ADDRESS	48 E FLAGLER ST PH-101
CITY-ST-ZIP	MIAMI FL 33131
TITLE	AS
NAME	ORCHILLES, JORGE
STREET ADDRESS	P.O. BOX 521022 N/A
CITY-ST-ZIP	MIAMI FL 33152

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition

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)(i), 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]* President — 5/8/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon BENHAMRON

0131277 CP