

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
 Jun 04 1997 8:00 am  
 Secretary of State

DOCUMENT # **363674**

**E. W. ANDICH AND COMPANY, INC.**

Principal Place of Business: **2246 S.W. 24 Terrace Miami, FL 33145-3628**  
 Mailing Address: **2246 S.W. 24 Terrace Miami, FL 33145-3628**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified  | 3a. Date of Last Report<br><b>05/01/96</b> |
| 4. FID Number<br><b>59-1292652</b>   | Applied For<br>Not Applicable              |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required      |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees         |
| 8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                         |                         |
|-------------------------|-------------------------|
| 21. State, Apt. #, etc. | 22. State, Apt. #, etc. |
| 22. City & State        | 27. City & State        |
| 23. Zip Country         | 28. Zip Country         |
| 24. Zip Country         | 29. Zip Country         |
| 25. Country             | 30. Country             |

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

**Joanna Parker**  
**2246 S. W. 24 Terrace**  
**Miami, FL 33145-3628**

**10. Name and Address of New Registered Agent**

|  |              |
|--|--------------|
| B1. Name   | B5. Zip Code |
| B2. Street Address (P.O. Box Number is Not Acceptable) |              |
| B3.  |              |
| B4. City   | <b>FL</b>    |

I, the undersigned, being a resident qualified person, do hereby certify that I am a duly authorized officer or registered agent, or both, in the State of Florida, and that 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 607.505, Florida Statutes.

SIGNATURE: *Joanna Parker* DATE: **5/27/97**

**12. OFFICERS AND DIRECTORS**

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D/P</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>E. W. Andich</b>          |                                 |
| STREET ADDRESS | <b>13325 S.W. 106 Ave.</b>   |                                 |
| CITY, ST, ZIP  | <b>Miami, FL 33176</b>       |                                 |
| TITLE          | <b>D/S</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>Joanna Parker</b>         |                                 |
| STREET ADDRESS | <b>2246 S. W. 24 Terrace</b> |                                 |
| CITY, ST, ZIP  | <b>Miami, FL 33145-3628</b>  |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY, ST, ZIP  |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY, ST, ZIP  |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY, ST, ZIP  |                              |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST, ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY, ST, ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY, ST, ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY, ST, ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY, ST, ZIP  |   |

**200002209162**  
**-06/11/97--01103--004**  
**\*\*\*165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Joanna Parker, Corp. Secy.* **Joanna Parker** **3/28/97** **(305) 854-4842**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)