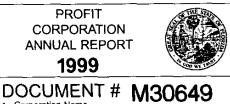
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90050 001 ***150.00

 $\equiv 100$

ANDICON CORPORATION				1 18812811 188 (UN) BB(UN HIN) F1818 18(1 B18	II Bigil Gibli Bibli I		
Principal Place	e of Business	Mailing Address				U\$U\ U U U\$U\	JIQIN BKOKI LBSI
440E SAMPLE ROAD 440E SAMPLE ROAD							
\$ 108 S 108						10.004.05	
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 US					DO NOT WRITE IN TH	IS SPACE	
					04/17/1986		
Principal Place of Business 2a. Mailing Address					4. FEI Number	├	plied For
26					59-2669126	\$8.75 A	t Applicable_
Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Re	
22 27					6. Election Campaign Financing	\$5.00	May Re
23	28				Trust Fund Contribution	Added t	
Zip			Country		8. This corporation owes the current year	Intangible	
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	□ No
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
HAD	DINCTON LOUDDES		81	Name			
HARRINGTON, LOURDES 1903 N. RIVERSIDE DR,			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
POM	IPANO BEACH FL 33062		83				
			84	City	F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	e-named co	rporation submits this statement for the purpose	of changing its	registered
i office or o	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was auth	orized by	the corpora	tion's board of directors. I hereby accept the ap-	oojn(ment as re	gistered
SIGNATURE	in izininai man and dosept and ening-						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Ager	nt signature requ	red when reinstating) DATE		
12.		D DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	RS IN 12
TITLE	DP LANDINGTON LOUDDES	☐ DELETE	1.1 TITLE			☐ Change	
NAME	HARRINGTON, LOURDES 440E SAMPLE ROAD # 108		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	POMPANO BEACH FL 33064						ĺ
CITY-ST-ZIP	TOMI AND BEACHTE 30004	☐ DELETE	1.4 CITY-S 2.1 TITLE	I-ZIF		Change	Addition
NAME			22 NAME				1
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-S				
TITLE			3.1 TITLE			Change	☐ Addition
NAME	32 N		3.2 NAME				
STREET ADDRESS	DDRESS 3.3 S		3.3 STREE	TADORESS			{
CITY-ST-ZIP	<u>. </u>		3.4. CITY-5	ST-ZIP			
TITLE	☐ DELETE 4.1 T		4.1 TITLE	j		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP				T-ZIP			[7] Addition
TITLE		DELETE	51 TITLE			Change	☐ Addition
NAME			5.2 NAME	TARROSCO			
STREET ADDRESS				TADDRESS			[
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	11-214		Change	Addition
TITLE	C Section		6.2 NAME	1		(Onarige	L. Addition
NAME				T ADDRESS			<u> </u>
STREET ADDRESS CITY-ST-ZIP	inter Addition		6.4 CITY-S				}
	T. Company of the Com						I .

14. I hereby certify that the information supplied with this filing 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, oxform an attachment with an address, with all other like empowered.

SIGNATURE:

-25-99 954-943-8283