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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

111

1	ANDREW CONSTRUCTION	` '		L MARIAR III MAR AINDY ARARD JAMA RHIN AR II DHAN AR	(8)), 310)), 810)), 810), 810)
2: : :0:					
Principal Place of Business Mailing Address					
1035 N.E. 122 ST. 1035 N.E. 122 ST. N. MIAMI FL 33161 N. MIAMI FL 33161					
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
2 Principal P	lace of Business	28. Mailing Address		09/11/1986 4. FEI Number	Applied For
21	iade di posmess	26		59-2751432	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
27				5. Certificate of Status Desired	Fee Required
<u> </u>		City & Stato		6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Z _I p	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	} ,	30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	current year Intangible
24	9. Name and Address of Curre		30]	10. Name and Address of New Registers	
SCHNETZER, CARL 81 Name					
1 4000 NF 400 07				CEMT SCHNETZER ess (P.O. Box Number is Not Acceptable)	-
NORTH MIAMI FL 33161				NE IZZ ST	
			83		
			84 City		85 Zip Code
l 1 10 1				IACOL F	L 3×161
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.					
agent la	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	MUCENT SC+	INETZER MA	Registered Agent signature require	MAC ed when rebistating) DATE	,
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHNETZER, VINCENT		1.2 NAME		
STREET ADDRESS	1035 N.E. 122 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		Change C Addition
NAME	SCHNETZER, LISA		2.2 NAME		
STREET ADDRESS	1035 N.E. 122 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE NAME		L. Dirii	3.1 TILE 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Florier	5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		Emi change Em Modition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

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, by on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 13 1998 8:00am

Secretary of State