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Feb 27, 1999 8:00 am
Secretary of State

0189331

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-27-1999 90033 033 ***150.00

DOCUMENT # M43404

1. Corporation Name
ANDROS GROUP INCORPORATED



Principal Place of Business
 1000 BRICKELL AVE
 STE. 1200
 MIAMI FL 33131
 US

Mailing Address
 1000 BRICKELL AVE
 STE. 1200
 MIAMI FL 33131
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1330 Coral Way**
 Suite, Apt. #, etc.
 22 **# 103**
 City & State
 23 **Miami FL**
 Zip Country
 24 **33145** 25 **USA**

2a. Mailing Address
 26 **1330 Coral Way**
 Suite, Apt. #, etc.
 27 **# 103**
 City & State
 28 **Miami FL**
 Zip Country
 29 **33145** 30 **USA**

3. Date Incorporated or Qualified
12/17/1986

4. FEI Number
59-2797356 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SHEPHRED, BRAD R
SENIOR PROPERTY MANAGER
1000 BRICKELL AVE, STE. 1200
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name
Zoy T. Sarpoolaki
 82 Street Address (P.O. Box Number is Not Acceptable)
503 Riverside Dr.
 83
 84 City
Melbourne Bch FL 85 Zip Code
32951

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 **Zoy T. Sarpoolaki** **Zoy T. Sarpoolaki** **Jan 21, 1999**
(Signature) typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> |
| NAME | TINIACOS, DEMETRIO | |
| STREET ADDRESS | 1330 CORAL WAY #103 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | T | <input type="checkbox"/> |
| NAME | TINIACOS, EFSTRATIA C DE | |
| STREET ADDRESS | 1330 CORAL WAY #103 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | S | <input type="checkbox"/> |
| NAME | TINIACOS, ALEJANDRO | |
| STREET ADDRESS | 1330 CORAL WAY #103 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | VP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | TINIACOS, EFSTRATIA C DE | | |
| 2.3 STREET ADDRESS | 1330 Coral Way # 103 | | |
| 2.4 CITY-ST-ZIP | MIAMI FL | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | T | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.2 NAME | SARPOOLAKI, ZOY TINIACOS | | |
| 4.3 STREET ADDRESS | 503 Riverside Dr. | | |
| 4.4 CITY-ST-ZIP | Melbourne Bch, FL 32951 | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Zoy T. Sarpoolaki** **Zoy T. Sarpoolaki** **Jan. 21 1999** **(407) 723-8645**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)