

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:11

DOCUMENT # **M27243**

(8)

1. Corporation Name

ANDOR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10181 WEST SAMPLE ROAD
SUITE 5-A
CORAL SPRINGS FL 33065
US

P.O. BOX 8287
CORAL SPRINGS FL 33075
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/11/1986	3a. Date of Last Report 04/28/1994
4. FEI Number 59-2675435	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 S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Street [REDACTED]	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTIERREZ, JOSE I
10181 WEST SAMPLE ROAD
SUITE 5-A
CORAL SPRINGS FL 33065

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, JOSE I.	1.2 NAME	
STREET ADDRESS	8548 N.W. 24TH CT.	1.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, DORA L.	2.2 NAME	
STREET ADDRESS	8548 NW 24 CT	2.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, JOSEPH A	3.2 NAME	
STREET ADDRESS	8548 NW 24 CT	3.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, ANNA R.	4.2 NAME	
STREET ADDRESS	8548 NW 24 CT	4.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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)(b), Florida Statutes. I further certify that the information indicated on this 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 checked on an attachment with an address.

SIGNATURE:

JOSE I. Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-7-95