3/8/

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
03-08-2000 90129 008 ***150.00

DOCUMENT # P99000080719

1. Entity Name
ANDALU ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2020 NE 163RD STREET, #300 NORTH MIAMI BEACH FL 33162	2020 NE 163RD STREET, #300 NORTH MIAMI BEACH FL 33162-4927

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6301 COLLINS AVENUE	6301 Collins Ave.
Suite, Apt. #, etc. #2506	Suite, Apt. #, etc. # 2506
City & State MIAMI BEACH, FLORIDA	City & State MIAMI BEACH FL.
Zip / Country 33141 — U.S.A.	Zip / Country 33141 — USA

4. FEI Number 65-0951400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBO, JAMES V
2020 NE 163RD STREET, #300
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name: MARIA ANDREA KURE
Street Address (P.O. Box Number is Not Acceptable): 6301 COLLINS AVENUE, #2506
City: Miami Beach FL Zip Code: 33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE (X) [signature] MARIA ANDREA KURE, VP 2-23-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / ADDRESS / CITY-ST-ZIP	PRESIDENT, SECRETARY, DIRECTOR MIGUEL KURE 6301 COLLINS AVENUE, #2506 MIAMI BEACH, FL 33141 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT/DIRECTOR MARIA ANDREA KURE 6301 COLLINS AVENUE, #2506 MIAMI BEACH, FL 33141 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ADDRESS / CITY-ST-ZIP	TREASURER/DIRECTOR EMMA CECILIA KURE 6301 COLLINS AVENUE, #2506 MIAMI BEACH, FL 33141 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] MARIA Andrea Kure 2/23/00 305-861-8281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #