

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:24

DOCUMENT # **G26501**

(8)

1. Corporation Name

ANDRAH, INC.

Principal Place of Business

% EMILIA E. PEREZ
303 N.W. 27TH AVE.
MIAMI FL 33125

Mailing Address

% EMILIA E. PEREZ
303 N.W. 27TH AVE.
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1983	3a. Date of Last Report 02/11/1994
4. FEI Number 59-2268455	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. 199.001, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**PEREZ, EMILIA E.
303 N.W. 27TH AVE.
MIAMI FL 33125**

10. Name and Address of New Registered Agent

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

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 of registered agent or registered agent and their agent

Signature of registered agent or registered agent and their agent

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS	
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	TITLE	NAME
CITY, ST, ZIP	CITY, ST, ZIP	TITLE	NAME
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	TITLE	NAME
CITY, ST, ZIP	CITY, ST, ZIP	TITLE	NAME
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	TITLE	NAME
CITY, ST, ZIP	CITY, ST, ZIP	TITLE	NAME
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	TITLE	NAME
CITY, ST, ZIP	CITY, ST, ZIP	TITLE	NAME
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	TITLE	NAME
CITY, ST, ZIP	CITY, ST, ZIP	TITLE	NAME

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 199.001, 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. I am an officer or director of the corporation or the registered agent or broker empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Sandra B. Northam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/95 541.3080