

FILE NOW: FILING FEE ~~██████████~~ **461.25**

Amendment

PROFIT CORPORATION ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **G-41008**
 1. Corporation Name
SANDICO, INC.

Principal Place of Business Mailing Address
801 Brickell Avenue, Suite 1901
Miami, Florida 33131

3. Date Incorporated or Qualified **May 16, 1983** 3a. Date of Last Report
 4. FEI Number **59-229-4257** Applied for Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contributor **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under Sec. 199.03, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21. State, Apt. #, etc. 26. **801 Brickell Avenue**
 22. City & State 27. **1901**
 23. Zip Country 28. **Miami, FL**
 24. Zip 25. Country 29. **33131** 30. **USA**

9. Name and Address of Current Registered Agent
Kunigunde Steen
3137 Commodore Plaza
Coconut Grove, FL 33133

10. Name and Address of New Registered Agent
 81. Name **Thomas R. Spencer, Jr.**
 82. Street Address (P.O. Box Number is Not Acceptable) **801 Brickell Avenue, Suite 1901**
 83. City **Miami** FL 85. Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 *Thomas R. Spencer, Jr.* **Thomas R. Spencer, Jr.** Date

12. OFFICERS AND DIRECTORS

TITLE	President/Director <input checked="" type="checkbox"/> DELETE
NAME	Kunigunde Steen
STREET ADDRESS	3137 Commodore Plaza
CITY, ST, ZIP	Coconut Grove, FL 33133
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	Sole Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	Gunther Steen
1.3 STREET ADDRESS	1632 S. Bayshore Court
1.4 CITY, ST, ZIP	Miami, FL 33133
2.1 TITLE	Sole Shareholder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
2.2 NAME	Robert Grossman
2.3 STREET ADDRESS	6700 NW 36 Street
2.4 CITY, ST, ZIP	Miami, FL 33147
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	900001882789
5.3 STREET ADDRESS	-07/03/96--01021--034
5.4 CITY, ST, ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
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 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 2 or Block 13 if changed, or on an attachment, with an address

SIGNATURE: *Gunther Steen* **Gunther Steen** Date **6/10/96**

CR2E034 (12-95)