FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNIIAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED May 14 1998 8:00am

	1998		Secretary of State DIVISION OF CORPORATIONS		NS	Secretary of State			
	MENT # G NAME MANDRIS, INC.	61867	(9)						
Principal Place	e of Business	Mailir	ng Address			{	<i>9</i> 94 0 1914 019 44 01011 (
	CENT DR.#214	315	315 S. CRESCENT DR.#214 HOLLYWOOD FL 33021			DO NOT WHITE	E IN THIS SPACI	Ē	
·						3. Date Incorporated or Qualified 09/30/1983			
2. Principal Pl	lace of Business	2a. M	ailing Address			4. FEI Number 59-2342093			Applicable
Suite, Apt.	#, 61 C.		uite, Apt #, etc.			5. Certificate of Status Desired	□ \$8	-	dditional
22		27				b. Certificate of Status Desired		Fee Rec	uired
City & State		28	ity & State			6. Election Campaign Financing Trust Fund Contribution		5.00 h	
Zip	Countr	· —	ф	Country		8. This corporation owes or has p	· ·	_	
24	9. Name and Addre	29 29 29 29 29 29 29 29 29 29 29 29 29 2	ed Agent	30		Personal Property Tax due June 10. Name and Address of New Re			No
AL	EXANDER, DIMITRY			81	Name			•	
16666 N.E. 19TH AVE.					Street Add	ress (P.O. Box Number is Not Accepta	bie)		
SUITE 112									
NU	ORTH MIAMI BEACH	FL		83					
				84	City		FL 85	Zip C	ode
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about office or registered agent, or both, in the State of Florida. Such change was authorized agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statu						poration submits this statement for the tion's board of directors. I hereby acce		ging its ent as r	registered egistered
	m familiar with, and acc	cept the obligations of, S	ection 607.0505, Fix	orida Statutes					
SIGNATURE		e of registered agent and title if a		E Registered Age	nt signature recju	red when reinstating)	DATE		
12.	C	PEFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFI			
TITLE NAME	MANDRIS, RICHA	ARD .	☐ DELETE	1.1 TITLE 1.2 NAME			LIU	hange	Addition
STREET ADDRESS	315 S. CRESCEN			1.3 STREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY - ST	1				
TITLE			☐ DELETE	21 TITLE				hange	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	address				
CITY-ST-ZIP				2. 4 C(TY - S	I-ZIP				
TITLE			☐ D ELETE	3.1 TITLE			L C	hange	Addition
NAME				3.2 NAME					
STREET ADDRESS CITY - \$T - ZIP				3.3 STREET . 3.4. CITY - S	l l				
TITLE			DELETE	4.1 TITLE	- EIF		c	hange	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST	- ZiP				
TITLE			DELETE	5.1 TITLE			LJ C	hange	☐ Addition
NAME				5.2 NAME					İ
STREET ADDRESS				5.3 STREET	1				1
CITY-ST-ZIP			☐ DELETE	5.4 CITY-ST 6.1 TITLE	- £1P			hange	Addition
NAME				6.2 NAME				-S-184	
STREET ADDRESS				6.3 STREET	ADDRESS				ļ
CITY-ST-				6.4 CITY - ST					
		1 . 1 20 0 1 70	1 11 6	41 4		Caption 110 07(0)(i) Florida Otatutas	(7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		7

The reby certify that the information supplied with this filling 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 is 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.