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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J76422

(1)

Mailing Address

ANDREANI CORP.

Principal Place of Business

FILED	
May 02 1997 8:00an	1
Secretary of State	

10913 NW 30 8 SUITE 100 MIAMI FL 33172 US		10913 NW 30 STREET SUITE 100 MIAMI FL 33172-5029 US		3. Date Incorporated or Qualified 06/08/1987	3a. Date of Last Report 04/02/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2814901	Not Applicable
Sulte, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Caul State			Fee Required
_ ·		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country	This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Current		1001	10. Name and Address of New Reg	
MEJI	R, ALVARO L.		81 Name		
	DOUGLAS RD.		82 Street Add	dress (P.O. Box Number is Not Acceptabl	lo)
	E #1111		SIRBUT AU	diess (F.O. Box Mulliper is Not Acceptable	10)
	AL GABLES FL 33134		63		
			84 City		85 Zip Code
			D4 CRY		FL 85 Zip Code
office or re	o the provisions of Sections 607.0502 agistered agent, or both, in the State on Infamiliar with, and accept the obligat	f Florida. Such change was :	authorized by the corpora	rporation submits this statement for the pa alion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and the Hopping the (601)	It: Registered Agent signature reg	ulted when rejectation)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP SIVISEINS XIVE	DELETE	1.1 1DLE		Change Addition
NAME	ANDREANI, OSCAR A.	_	1.2 NAME		1
STREET ADDRESS	10913 NW 30 STREET #100		1.3 STREET ADDRESS	9	5
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		-{
TITLE	DT	DELFTE	2171111	11 4	Change Addition
NAME	ANDREANI, MIGEUL ANGEL		2 2 NAME	Vi A arm	
STREET ADDRESS	10913 NW 30 STRETE #100		2 B STREET ADDRESS	Minnem	
CITY-ST-ZIP	MIAMI FL		2.4 CHY+S1-ZIP		
TITLE	DS	☐ DELETE	3 1 TITLE		Change Addition
NAME	PERALTA, MARIA ROSA		3.2 NAME	MA // a Mai	
STREET ADDRESS	10913 NW 30 STREET #100		3.3 STREET ADDRESS	Leiolla-	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	10	
TITLE		DELFTE	4.1 T(TLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4/3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CH1Y - \$1 - ZIP		;
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIF		
TITLE		DELETE	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 hereb	y certify that the information supplied	with this filing does not qual	ify for the exemption state	ed in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
Intormation I am an of appears in	n indicated on this annual report or su ficer or director of the corporation or t n Block 12 or Block 13 il/changed	pplemental annual report is the receiver or trustee empoyon an attachment with an ad-	rrue and accurate and th wered to execute this rep dress.	at my signature shall have the same legal ort as required by Chapter 607, Florida Si	i enect as it made under cath; that tatutes; and that my name