

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L11030 (8)**

1. Corporation Name
ANNEDEE SALES INC.



Principal Place of Business: **% RAUL SENDON 10020 S W 145TH PLACE MIAMI FL 33186**
Mailing Address: **P. O. BOX 5377 HIALEAH FL 33014-1377 US**

3. Date Incorporated or Qualified: **08/22/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 7760 W. 20 Ave**
Suite, Apt. #, etc.: **22 Suite # 7**
City & State: **23 HIALEAH FLORIDA**
Zip: **24 33016** Country: **25 USA**

2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

4. FEI Number: **65-0142758**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SENDON, RAUL 10020 S W 145TH PLACE MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name: **RAUL SENDON**
82 Street Address (P.O. Box Number is Not Acceptable): **7760 W. 20th AVE**
83 City: **BAY # 7**
84 City: **HIALEAH** FL 85 Zip Code: **33016**

11. Pursuant to the provisions of Sections 607.0532 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 607.0535, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13.
TITLE	RD SENDON, LAURA GREGG	<input checked="" type="checkbox"/> DELETE
NAME	10020 S W 145TH PLACE	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	SVD SENDON, RAUL	<input type="checkbox"/> DELETE
NAME	10020 S W 145TH PLACE	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	T SENDON, RAUL	<input checked="" type="checkbox"/> DELETE
NAME	10020 S W 145TH PLACE	
STREET ADDRESS	MIAMI FL	
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 IN 12	
11 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RAUL SENDON
13 STREET ADDRESS	7760 W 20th AVE # 7
14 CITY-ST-ZIP	HIALEAH, FL 33016
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Raul Sendon** RAUL SENDON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96
805-5576400
Customer Service

CR2E034 (12/95)