

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: **7760 W. 20 Ave Suite # 7 HIALEAH FLORIDA 33016 USA**
2a. Mailing Address: **Same**
26. Suite, Apt. #, etc.
27. City & State
28. City & State
29. Zip
30. Country

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 & State: **MIAMI FL**
84. City: **HIALEAH**
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	1. TITLE
NAME	10020 S W 145TH PLACE	12. NAME
STREET ADDRESS	MIAMI FL	13. STREET ADDRESS
CITY-ST-ZIP		14. CITY-ST-ZIP
TITLE	SVD <input type="checkbox"/> DELETE	2. TITLE
NAME	SENDON, RAUL	22. NAME
STREET ADDRESS	10020 S W 145TH PLACE	23. STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	24. CITY-ST-ZIP
TITLE	T <input checked="" type="checkbox"/> DELETE	3. TITLE
NAME	SENDON, RAUL	32. NAME
STREET ADDRESS	10020 S W 145TH PLACE	33. STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	34. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4. TITLE
NAME		42. NAME
STREET ADDRESS		43. STREET ADDRESS
CITY-ST-ZIP		44. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5. TITLE
NAME		52. NAME
STREET ADDRESS		53. STREET ADDRESS
CITY-ST-ZIP		54. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6. TITLE
NAME		62. NAME
STREET ADDRESS		63. STREET ADDRESS
CITY-ST-ZIP		64. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition

PRESIDENT RAUL SENDON 7760 W 20th AVE # 7 HIALEAH FL 33016

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 **4-24-96** **305-5576400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone

CR2E034 (12/95)