

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **M27243** (8)
1. Corporation Name
ANDOR ENTERPRISES, INC.

Principal Place of Business Mailing Address
10181-W SAMPLE RD- 5197 NW 15th St. 10181-W SAMPLE RD SAME
SUITE 5A (Suite 219) -6A-
CORAL SPRINGS FL 33065 MARGATE, FL. -CORAL SPRINGS FL 33065
US JS
33063

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip Country
24 **25** **29** **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/11/1986
4. FEI Number **59-2675435** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GUTIERREZ, JOSE I
10181-W SAMPLE RD- 5197 NW 15th Street
SUITE 5A (Suite 219) - Margate, Fl.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE **DP** ☐ DELETE
NAME **GUTIERREZ, JOSE I.**
STREET ADDRESS **8548 N.W. 24TH CT.**
CITY-ST-ZIP **CORAL SPRINGS FL**
TITLE **D** ☐ DELETE
NAME **GUTIERREZ, DORA L.**
STREET ADDRESS **8548 NW 24 CT**
CITY-ST-ZIP **CORAL SPRINGS FL**
TITLE **D** ☐ DELETE
NAME **GUTIERREZ, JOSEPH A**
STREET ADDRESS **8548 NW 24 CT**
CITY-ST-ZIP **CORAL SPRINGS FL**
TITLE **S** ☐ DELETE
NAME **GUTIERREZ, ANNA R.**
STREET ADDRESS **8548 NW 24 CT**
CITY-ST-ZIP **CORAL SPRINGS FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(c), 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:

SIGNATURE REQUIRED

FILED
Aug 27 1998 8:00am
Secretary of State



CR2E034 (5/98)

PE
8-27

7-89-98

7/13/98

(2)

As per our
Conversation, I was
Very ill & NEVER
Receiving the original
Return, IT will
NOT happen again

Thank you