

FILE NOW: FILING FEE AFTER MAIL IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000007878

1. Corporation Name

ANDRADE CORPORATION

Principal Place of Business

 255 E FLAGLER ST
 SUITE 211 - 214
 MIAMI FL 33131
 US

Mailing Address

 255 E FLAGLER ST
 SUITE 211 - 214
 MIAMI FL 33131
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1993

4. FEI Number

65-0387511

Applied For

Not Applicable

5. Certificate of Status Desired ☐
\$8.75 Additional
 Fee Required
6. Election Campaign Financing ☐
\$5.00 May Be
 Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

ANDRADE, EROS
 255 E FLAGLER ST
 SUITE 211 - 214
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

ANDRADE, EROS.

82 Street Address (P.O. Box Number is Not Acceptable)

255 E. FLAGLER STREET # 211-214

83

84 City

MIAMI

FL

85 Zip Code

33131

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 of the current registered agent, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

3-22-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **ANDRADE, EROS**
 STREET ADDRESS **8725 SW 152 AVE 319**
 CITY-ST-ZIP **MIAMI FL**
TITLE ☐ DELETE
 NAME **DVS TANAKA-ANDRADE, KATHERINE**
 STREET ADDRESS **8725 SW 152 AVE 319**
 CITY-ST-ZIP **MIAMI FL**
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE:

 Katherine Tanaka-Andrade
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99

Date

(305) 372-2730

Daytime Phone #

CR2E034 (1/98)

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90045 005 ***150.00

