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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300007878

ANDRADE CORPORATION

Principal Place					? id Mebbill bit eden terre mitere				
	of Business	Mailing Address			Į.				
255 E FLAGLER	ST	255 E FLAGLER ST							
SUITE 211 - 214		SUITE 211 ~ 214		DO NOT WRITE IN THIS SPACE					
WIAMI FL 33131		MAMI FL 33131 `				SPACE			
		US		3. Date Incorporated or Qualifed					
					02/01/1993				
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
11		26			65-0387511			Not Applicat	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional C	
22		27			5. Ceruicata di Status Desired		Fee	Required	
City & State		City & State			6. Election Campaign Financin	9 🗆	\$5.0	O May Be	
13		28			Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	Country		8. This corporation owes the ci	rrent year Int	angible		
	25	29 30) 		Personal Property-Tax.		☐ Yes -	□No	
4	9. Name and Address of Current		<u>' </u>		10. Name and Address of Nev				
	3. Mattie Alto Addides of Californ	, togioto i de la company	81	Name 🦚	ANDRADE	- F 200			
AND	rade, eros			7.5	ANDRAGE	, e,cos	<u></u> -		
	E FLAGLER ST		82	32 Street Address (P.O. Box Number is Not Acceptable) 255 E. FLAGLER STREET # 211 - 214					
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	# nee _ 21d			252 C	· TENGLER SIRCE!				
SUITI	E 211 - 214		53	293 C	· TENGLER SINCE!			<u></u>	
SUITI	E 211 - 214 NI FL 33131		83				85 Z	p Code	
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SUITI	AI FL 33131	And 607, 1508, Florida Statutes,	83 84	City M	liami	FL	85 Z	(€1€	
SUITI	AI FL 33131	And 607.1508, Florida Statutes, Florida, Such change was authors of Section 807.655, Florida	83 84	City M	liami	F L	85 Zi 2 changing niment as	its registered registered	
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3.4. CITY-ST-ZIP

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5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

41 TITLE

4 2 NAME 4.3 STREET AWARESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

-FT DELETE-

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64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 togal 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.

SIGNATINES.

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(200.) 332-2332

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Secretary of State

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