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PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 16, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE

03-16-1999 90106 018 ***150.00

DOCUMENT # P9300070389 1. Corporation Name

	ANDRES, INC.								
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Principal Place		Mailing Address	^						
1114 SOUTH DIXIE HIGHWAY - 1114 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 - CORAL GABLES FL 33146			may by. I).					
		1.0	DN 100		DO NOT WR	TE IN TH	S SPACE		
00		1300 ×111C	OCHI	RD 100	4 3	. Date Incorporated or Qualifed			
	الله المحمد الله الله الله الله الله الله الله الل	nl-Beach	, FL:	ろジョう	9-1	10/11/1993			
2. Principal Pl	lace of Business	2a. Mailing Address			4	, FEI Number		Ap	plied For
21		26				65-0441000		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				. Certifcate of Status Desired		\$8.75	
22		27				, Controdio di Gialao Bookoo		Fee Re	quired
City & State	e	City & State			6	, Election Campaign Financing		\$5.00	'
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cou	ntry	8	. This corporation owes the cur	rent year l		
24	25	29	30			Personal Property Tax.	Da alatana	Yes	₽ No
	9. Name and Address of Curren	t Registered Agent		81 Name	10). Name and Address of New	Registere		
CAN	AL, JOSE C			81 Name				- 	
	00 SW 8TH STREET			82 Street A	ddress (P.O. Box Number is Not Accept	able)		
	E 101			00					
	Al FL 33184			83					ĺ
MIAN	ni FL 33104			84 City			F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the al	ove-named o	corporation	on submits this statement for the	purpose o	of changing its	registered
office or re	edistered agent, or both, in the State	of Florida, Such change was a	authorized	by the corpor	ration's t	poard of directors, I hereby acce	hi ine ahh	Official days	gistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	authorized	by the corpor	ration's t	poard of directors. I hereby acce	pt the app	omanent as re	gistered
office or re agent. I as SIGNATURE	m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Florida.	authorized orida Stati	by the corporates.		ooard or directors, I nereby acce			gistered
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office or reagent. I as SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered agent of FICERS AN P DIAZ, PEDRO A	of Florida. Such change was a titions of, Section 607.0505, Floring and title if applicable (NOT) D DIRECTORS	E: Registered 13. 1.1 TII	by the corporates. Agent signature records		ocard of directors, I nereby acce	DATE	AND DIRECTO	PRS IN 12
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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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR