

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90014 039 \*\*\*150.00

0186593

**PROFIT**  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**



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

**DOCUMENT # P93000081282**

1. Corporation Name  
**ANDREA CORP.**

Principal Place of Business  
**C/O PERLMAN & FABER, P.A.**  
**799 BRICKELL PLAZA, STE. 900**  
**MIAMI FL 33131**

Mailing Address  
**C/O PERLMAN & FABER, P.A.**  
**799 BRICKELL PLAZA, STE. 900**  
**MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/29/1993**

4. FEI Number  
**65-0476009**

Applied For  
☐ Not Applicable

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 **c/o Perlman & Associate, PA**

2a. Mailing Address  
26 **c/o Perlman & Associate, PA**

Suite, Apt. #, etc.  
22 **799 Brickell Plaza, Suite 900**

Suite, Apt. #, etc.  
27 **799 Brickell Plaza, Suite 900**

City & State  
23 **Miami, Florida**

City & State  
28 **Miami, Florida**

Zip Country  
24 **33131 U.S.A.**

Zip Country  
29 **33131 U.S.A.**

9. Name and Address of Current Registered Agent

**PERLMAN AND FABER, P.A.**  
**799 BRICKELL PLAZA**  
**SUITE 900**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **PERLMAN & ASSOCIATE, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**799 Brickell Plaza**

83 **Suite 900**

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

**GEORGE D. PERLMAN, President**

**2/18/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PSD KASSAB, DAVID**  
STREET ADDRESS **C/O 799 BRICKELL PLAZA, STE. 900**  
CITY-ST-ZIP **MIAMI FL 33131**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T KASSAB, DAVID**  
STREET ADDRESS **C/O 799 BRICKELL PLAZA, STE. 900**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VPD KASSAB, VICTORIA**  
STREET ADDRESS **C/O 799 BRICKELL PLAZA, STE. 900**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 registered agent 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 attached sheet with an address, with all other like empowered.

SIGNATURE:

**David Kassab, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)