## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

P94000019932 (0)

ANDEX, INC.

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Principal Place of Business	Mailing Address			
169 E. FLAGLER STREET SUITE 1517 MIAMIL#E 33131	169 E. FLAGLER-STREET SUITE 1817 MAMI FL 33131			
40 MARIN & PONS		PONS	3. Date incorporated or Qualified 03/10/1994	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 21 (3727 SW (52 Strud)	2a. Mailing Address 26 (3つ2つ SW (	152 Shuft	4. FEI Number 65-0480329	Applied For Not Applicable
Sute, Apt. #, etc. 22 SULP 325	Suite, Apt. #, etc. 27 SV174 325		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State 23 MIAMI, PC	City & State 28 MISMI, PC		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3317 25 USA	Zip Country 29 3 3 (7 7 30		8. This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032,
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
PONS, MARTIN E 169 E. FLAGLER STREET SUITE 1517 MIAMI FL 33131		83 5018	ss (P.O. Box Number is Not Acceptate 2 1 SW 152 S1 325 41, FC	B5 Zip Code
11. Persuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Florid ferminar with and ascept the obligations of Section Standard Section Seal of the Indian Section Sect	<ul> <li>Such change was authorized by the in 607.0505, Florida Statutes.</li> </ul>	bove named corpora	tion submits this statement for the purific directors. Thereby accept the app	pose of changing its registered office

OFFICERS AND DIRECTORS

D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1, 1 TITLE THEF PONS, MARTIN E 1 2 JAVE 1 3 STREET ADDRESS 5.355 200 5. BISGNYME, SU. PR 4920 169 E. FLACKER OTREET STREET ADDRESS. MIAMI FL 33131 1.4 CITY-ST-ZIP City St. Zin Change ☐ Addition DELETE 2 1 TITLE 1166 NAME 23 STREET ADDRESS STREET ADDRESS CHY-SI-Zif: 24 CITY - ST-ZIP Change ■ Addition DELETE 3 1 TITLE TIFLE 3.2 NAME NAME SUFFLE ADDRESS 3.3 STREET ADDRESS 3 4 CITY - ST - 7IP CATY ST 28 DELETE Change Addition 4 1 TITLE 11115 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP Offin St. Zer ☐ Change DELETE Addition 5 1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS \$160 FADDRESS 5 4 CITY - ST - ZIP COLY ST-20 ☐ Change ☐ Addition DELETE 6 1 TITLE THUE 6.2 NAME 5,455 63 STREET ADDRESS STREET ADORESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this airrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath, 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.

64 CITY - ST - ZIP

SIGNATURE:

MANNIN & PONS

CR2E034