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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # _ P94000042830

1. Corporation Name

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90037 003 ***150.00

| ANDEC | O DESIGNER INC | | | | | - | | |
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| İ | | | | | | | | |
| Principal Place of Business 7661 NW 68 Street Base 110 Mailing Address 7661 NW 68 St Base 110 | | | | et . | | | | |
| Medley, FL 33166 Medley, FL 3 | | | 3166 | | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified | | | |
| į | | | | | 06/08/1994 | | • | |
| | lace of Business | 2a. Mailing Address | C L | | 4. FEI Number, 65-0498093 | <u> </u> | Applied For Not Applicable | |
| 7661 NW 68 Street 26 7661 NW 68 Suite, Apt. #, etc. Suite, Apt. #, etc. | | Street | | | | 5 Additional | | |
| 1 | | Base 110 | | 5. Certificate of Status Desired | | | | |
| City & State City & State | | | 221 | | 6. Election Campaign Financing | | 00 May Be | |
| | ey, FL 33166 Country | 28 Medley, FL | 331 Country | | 8. This corporation owes the current year | | | |
| Zip 24 | 25 | 29 30 | آ | | Personal Property Tax. | ☐ Yes | Ø No | |
| 24 | 9. Name and Address of Current | Registered Agent | | T 41 | 10. Name and Address of New Registere | d Agent | | |
| A N | יייטאדט מפטפדדט | | 81 | | · · · · · · · · · · · · · · · · · · · | | | |
| ANTONIO CEREIJO ~ 295 W 51 Street | | | 82 | Street Add | treet Address (P.O. Box Number is Not Acceptable) | | | |
| Hi | aleah, FL 33012- | 3741 | 83 | | | | | |
| • | • | • | 84 | City | F | 85 Z | ip Code | |
| office or in agent. La | registered agent, or both, in the state of the familiar with, and accept the obligat | of Florida Such change was auth tions of, Section 607.0505, Florida | orized by a Statutes | the corpora | poration submits this statement for the purpose tion's board of directors, thereby accept the app | pointment as | s registered | |
| SIGNATURE | X street or to read or sourced manne of penetrated anem | Land little d againtable (NOTE Re | qistered Age | nt signature requi | red when reinstating) . , , 2 DATE | | | |
| | Signature, typed or justed made of registered agen OFFICERS AN | | 13. | nt signature requi | ADDITIONS/CHANGES TO OFFICERS | | | |
| 12. | Silpnature, typed or printed mone of registered agen | | | nt signature requi | 102 01-01-101-0-0-0-0-1 | AND DIREC | | |
| 12. | OFFICERS AND President ANTONIO CEREIJO | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME | | 102 01-01-101-0-0-0-0-1 | | | |
| 12. | OFFICERS AN President ANTONIO CEREIJO 295 W 51 Street | D DIRECTORS | 13. 1.1 TITLE 12 NAME 13 STREE | T ADDRESS | 102 01-01-101-0-0-0-0-1 | | | |
| 12. THE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AN President ANTONIO CEREIJO 295 W 51 Street | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME | T ADDRESS | 102 01-01-101-0-0-0-0-1 | | nge Addition | |
| 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE | OFFICERS AN President ANTONIO CEREIJO 295 W 51 Street | D DIRECTORS DELETE 012-3741 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 | ET ADDRESS ST-ZIP | 102 01-01-101-0-0-0-0-1 | Chan | nge Addition | |
| 12. DILE NAME STREET ADDRESS CUTY-ST-ZIP | OFFICERS AN President ANTONIO CEREIJO 295 W 51 Street Hialeah, FL 33 | D DIRECTORS DELETE 012-3741 | 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-5 2.1 TITLE 22 NAME | ET ADDRESS ST-ZIP | 102 01-01-101-0-0-0-0-1 | Chan | nge Addition | |
| 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME | OFFICERS AN President ANTONIO CEREIJO 295 W 51 Street Hialeah, FL 33 | D DIRECTORS DELETE 012-3741 DELETE | 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-5 2.1 TITLE 22 NAME 23 STREE 2' 4 CITY- | ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP | ADDITIONS/CHANGES TO OFFICERS | ☐ Chan | nge Addition | |
| 12. THE NAME SIREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS | OFFICERS AN President ANTONIO CEREIJO 295 W 51 Street Hialeah, FL 33 | D DIRECTORS DELETE 012-3741 | 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-1 2.1 TITLE 22 NAME 23 STREE 2 4 CITY-1 3.1 TITLE | ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP | 102 01-01-101-0-0-0-0-1 | Chan | nge Addition | |
| 12. DILE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME | OFFICERS AN President ANTONIO CEREIJO 295 W 51 Street Hialeah, FL 33 | D DIRECTORS DELETE 012-3741 DELETE | 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-1 2.1 TITLE 22 NAME 23 STREE 23 STREE 31 TITLE 32 NAME | ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP | ADDITIONS/CHANGES TO OFFICERS | ☐ Chan | nge Addition | |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TABLE TABLE | OFFICERS AN President ANTONIO CEREIJO 295 W 51 Street Hialeah, FL 33 | D DIRECTORS DELETE O12-3741 DELETE DELETE | 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-1 2.1 TITLE 22 NAME 23 STREE 24 CITY- 31 TITLE 32 NAME 34 CITY 41 TITLE 4 2 NAM 43 STREE 44 CITY- 51 TITLE 52 NAME 53 STREE 52 NAME 53 STREE 53 NAME 53 STREE 53 NAME 53 STREE 54 CITY | ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Chan | nge Addition | |
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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 of the analysis of the address, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/94 901-8886291