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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400046856 (8)

Corporation Name	•		1.
CHRISTINE ANDREWS	CO.		

Principal Place of Business 7695 SOUTHWEST 142 STREET

Mailing Address

7695 SOUTHWEST 142 STREET MIAMI FL 33158



MIAMI FL	33158	MIAMI FL 33158						
	,				3. Date Incorporated or Qualified 06/23/1994	3a. Date o	of Last Re 25/19	
	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21 Suite, Apl	I # etc	Suite Act # ote			65-0501144		4	Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & Sta 23		City & State 28			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
- Ζφ 	Country	Zip	Coul	ntry	8. This corporation has liability for		under s	199.032,
24	9. Name and Address of C	urrent Registered Agent	30]		Florida Statutes Yes 10. Name and Address of New R	□No		
343 AI Corai	Firm of Lawrence J. Spied Lmeria avenue L gables fl 33134			769 83 City M.	ress (P.O. Box Number is Not Acceptable 500 H 2	FI	2	et 3158
	to the provisions of Sections 607 ered agent, or both, in the State of with, and accept the obligations of,			ve-named corpo orsoration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of chang pintment as re	ing its registered	egistered offici agent. I am
			OTE: Registered	Agoni signalura za piz	d when reinstating:	DATE		137
12.	T P OFFICERS	S AND DIRECTORS	13.	ne I	ADDITIONS/CHANGES TO OFFI			
NAME	BERNAL, JUAN A	[] Dett if	1. 1] il 1.2 NA	1		Ц	Change	Addition Addition
STREET ACORESS	TAGE COURTINGERS 446	STREET						
CITY-ST-7IP	MIAMI FL 33158			REET ADDRESS				
TICLE		□ DELFTE	2 1 717	Y-ST-ZIP			Change	☐ Add tion
NAME			2.2 NA			لــا	Стапус	☐ Man-mon
STREET ADDRESS				REET ADDRESS				
CITY ST ZiP				Y-ST-ZIP				
THE		DELETE	3 1 111				Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REE1 ADDRESS				
CHY-St ZIF			3.4 CIT	Y-ST-ZIP				
TIFLE		DELE IE	4.1 10	LE			Change	☐ Addition
NAME			4.2 NA	ME .				
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CITY-S*-7IP			4 4 CIT	Y-ST-ZIP				
10°UF		☐ DELETE	5. 1 TIT	LF			Change	Addition
NAME			5.2 NAI	ME				
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COLY-ST ZIP			5 4 CIT	Y - ST - ZIP				
THE		DELFTE	6 1 TIT	LF			Change	☐ Addition
NAME			6.2 NA	dE			-	
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY ST-ZIF				Y-ST-ZIP				
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4. FOR pereny 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 triis 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 Black 12 or Black 13 if changed, or on an attachment with an address.

SIGNATURE;

HALL CHARLES

Bernal Juan A Bern

2-27-96 305-233-4350