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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

	996 DIVISION OF CORPORATIONS							
1. Corporation		000059929	(7)					
ALEX	ANDRA (U.S.A.), INC.				E IBBIHODI ME IBIHI DIAN BANK DE	Prin <b>ab</b> ial <b>ab</b> abi dana abi	18 18138 11318 1811 1881	
Principal Place	of Business	Mailing Address						
4800 AIRPORT ROAD 4800 AIRPORT ROAD								
NAPLES FL US	_ 33942	NAPLES FL 339	<b>M</b> 2					
•					3. Date Incorporated or Qualified	3a. Date of Last	· 1	
Principal Place of Business     2a. Mailing Address					08/15/1994 4. FEI Number	04/26	Applied For	
21		26			65-0512373	<u> -</u>	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			o		5. Certificate of Status Desired		75 Additional	
City & State		City & State		<del></del>	6. Election Campaign Financing	1-6	e Required  OO May Be	
23		28			Trust Fund Contribution		ded to Fees	
Zip <b>24</b>	Country Zip 25 29 3		30	intry	8. This corporation has liability for in Florida Statutes Yes	intangible tax under	s 199.032,	
·	9. Name and Address of Cu				10. Name and Address of New R			
				81 Name				
RAATTAMA, HENRY H JR. 200 SOUTH BISCAYNE BLVD. STE. 4500 MIAMI FL 33131				82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
				83				
								MIAMI
11. Pursuant to	the provisions of Sections 607.	0502 and 607,1508. Florida St	atutes, the abo	L.   ve-named cornor	ration submits this statement for the pur		s registered office	
o registere	od agent, or both, in the State of n, and accept the obligations of	Florida, additionance was adir	IONZEO DV INE O	corporation's boar	rd of directors. I hereby accept the appo	pose of changing its pintrnent as register	ed agent. I am	
SIGNATURE	, and water the congenions of	occorr cor locco, y longer oter	otos.					
	Signature, typed or printed name of registered		(NOTE: Registered	Agont signature required	d when reinstating)	DA!É	i	
TILLE		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	<del></del>		
NAME	D DELETE CHAN, VICKY SS 4800 AIRPORT ROAD		1.17			Change	e 🔲 Addition	
STREET ADDRESS			1.2 NAME					
CITY-S1-ZIP	NAPLES FL 33942		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				ļį	
TITLE	DELETE		2 1 7			Change	Addition C	
NAME			2.2 N/	ME.				
STREET ADDRESS			2.3 \$1	REET ADDRESS				
CITY-ST-ZIP			24 CI	TY-ST-ZIP				
TITLE	DELETE		3 1 T	TLE	☐ Change ☐ Addition		Addition	
NAME			3.2 N					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP		DELETE	34 CI	TY-ST-ZIP		<u> </u>		
NAME.			4.2 NA			☐ Change	Addition	
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELE1E	5. 1 7			☐ Change	: Addition	
NAME			5.2 NA	MÉ		_ •	_	
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 CI	IY-S1-ZIP				
TITLE		☐ DELETE	6. 1 Ti		-	Change	Addition	
NAME CIRCLI ADDRESS			6.2 NA					
STREET ADORESS				REET ADDRESS				
14. I do hereby	certify that the information suppl	ied with this filing is voluntarily		Toes not qualify to	or the exemption stated in Section 119.6	7/2VIA Florido Ptot	too 17 mbo	

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 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 office or discotor 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 in Changedon or on an all adhingent with an address.

GNATURE:

Od-19-96

Oder

Darine Flore I

SIGNATURE: