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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 09 1997 8:00am

Secretary of State

___ Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

1997

TITLE

NAME

STREET ADDRESS

DOCUMENT # P9400064595 (9)

ANDOLINA REAL ESTATE CORP.

Principal Place of Business 2601 S. BAYSHORE DRIVE SUITE 1275 COCONUT GROVE FL 33133					Mailing Address 2601 S. BAYSHORE DRIVE SUITE 1275 COCONUT GROVE FL 93133-5413									
							~~~	<u></u>	.   (	Date Incorporated or Qualified 09/01/1994		ate of Last Ri 18/1996		
2. Pi 21	2. Principal Place of Business				26. Mailing Address 26				4. 6	FEI Number <b>65-0524828</b>			plied for Applicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc. 27				5. (	Certificate of Status Desired		\$8.75 A		
C 23	City & State				City & State				•	Election Campalgn Financing Trust Fund Contribution		<b>\$5.00</b> Added t		
Zi <b>24</b>	p	Country         7ip           25         29         30				<b>├</b> η	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
			end Address of Curr		ered Agent				10.	Name and Address of New Ro	egistered	Agent		
FLORIDA CORPORATE SERVICES INC. 800 BRICKELL AVE.							81 82	Name Street A	Address (P.	dress (P.O. Box Number is Not Acceptable)				
SUITE 1100 MIAMI FL 33131						83								
		-					84	City			FI	85 Zip (	Code	
1	agent. I ai NATURE	m familiar w	ith, and accept the obt	igations of,	Section 607.0505, I	Florida Stat	utes	3.	oration's bo	submits this statement for the pard of directors. I hereby acce reinstating)	DATE	oointment as	registered	
12.			OFFICERS A	ND DIREC		13.			A	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12	
TITLE		D Landolii	NA, PETER J		DECETE	1.1 TO 1.2 No						Change	Addition	
STREE	STREET ADDRESS 2601 S. BAYSHORE DR., STE			1275			1.3 STREET ADDRESS							
CITY-	ST-ZIP	COCON	UI UNUVE EL 3313	)	DELETE			1-782				Change	Addition	
TITLE	İ				ביין טנולונ	2.1 TI 2.2 N/						□ Citanys	CT WOODON	
	T ADDRESS							ADDRESS						
CITY-								ST - <b>Z</b> IP						
TITLE					☐ DELETE	3 1 TI						Change	Addition	
NAME						3.2 N	AME							
STREE	T ADDRESS					3.3 \$1	REE 1	ADDRESS						
CITY-	ST-ZIP				DEVETE			51-21P				Chapta	T Addition	
TITLE					☐ DELETE	4.1 TI 4.2 N		ļ				Change	Addition	
	T ADDRESS	1						ADDRESS						
	ST-ZIP					4.3 S		ŀ						
TITLE	4·11				DELETE	5.1 TI		·	····			Change	Addition	
NAME						5.2 N						_		
STREE	T ADDRESS					5.3 \$1	REET	ADDRESS						
CITY-	ST-ZIP					5.4 C	1Y-S	J-7/P						

14. I do 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 agrual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 33 if changed, or on an officer of the corporation of 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 33 if changed, or on an officer or directors.

6.3 STREET ADDRESS

6.1 THLE

6.2 NAME

DELETE