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

P94000085887 (5)

DOCUMENT # 1. Corporation Name ADRO CORP.

Principal Place of Business

Mailing Address



% WALLACE 10578 STON BOCA RATO	EBRIDGE BLVD	10578 STONEBR	% WALLACE KANDELL 10578 STONEBRIDGE BLVD BOCA RATON FL 33498		3. Date Incorporated or Qualified	3a. Date of Last	
2 Principal Pl	ace of Business	20 14-77 4 17			11/28/1994	03/27/19	95
21	ace of Dusiliess		2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	# etc		Suite, Apt. #, etc.				Not Applicable
22		27	27		5. Certificate of Status Desired		5 Additional Required
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution		
Zip 24	Country 25	25 29 30			This corporation has liability for intangible tax under s 199,032, Florida Statutes		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Ro	_	
			.,	81 Name			
KANDEL	L, WALLACE			82 Street Add	7000 (C) C D- M - L - L M - M - L	,	······································
10578 STONEBRIDGE BLVD				Street Add	dress (P.O. Box Number is Not Acceptable)		
	ATON FL 33495			83			
				84 City		FI 85 Z	ip Code
	o the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S			ve named corpor corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	· · · · · · · · · · · · · · · · · · ·	registered office d agent. I am
	in, and accept the obligations of, a	section bor good, Florida Si	tatutes.			_	Ť
SIGNATURE _	Signature, typed or printed name of registered a	ment and the if anougable	(NOTE: Remisteren	Agent signature require	data para da la	DATE	
12.		AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE		ILE	Change Addition		
NAME	KANDELL, WALLACE			ME .		. Onlange	[_] Nadition
STREET ADDRESS				REET ACORESS			
CHTY-ST-ZIP	BOCA RATON FL			TY - S1 - ZIP			
TITLE	DELETE			2 1 TILLE		Change	Addition
NAME				.ME			L Addition
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				IY - ST - ZIP			
TITLE	DELETE			TLE TE	Change Addition		[] Addition
NAME			3 2 NA			[] Orange	☐ Vogition
STREET ADDRESS				'REE! ADDRESS			
CITY - ST - ZIP				IY - ST - ZIP			
TITLE		DELET				☐ Change	Addition
NAME			4 2 NA	i		L1 Simile	L. Addition
STREET ADDRESS				REFT ADDRESS			
CITY - ST - ZIP				Y-S1-7IP			
TITLE		DELETI				Change	Addition
NAME			5 2 NA			Onange	☐ Addition
STREET ADDRESS				REET ADDRESS			j
CHY+ST-ZIP				Y-ST-ZIP			
THILE		DELETE				☐ Change	Addition
NAME			6 2 NA	I		Li cuange	□ vequióu
STREET ADDRESS				REFT ADDRESS			
CITY-ST-ZIP				Y · ST - ZIP			
	certify that the information supplie	ed with this filing is voluntari	ly furnished and o	loes not qualify for	or the exemption stated in Section 119.0	7/3)/k) Florida Statut	es 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WALLACE JAMES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR