

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90025 034 ***150.00

DOCUMENT # P95000000263

1. Corporation Name
COLLANDRA INC.

Principal Place of Business
PO BOX 16-2721
MIAMI FL 33116-2721

Mailing Address
PO BOX 16-2721
MIAMI FL 33116-2721



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

65-0542721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 P.O. Box 025580

2a. Mailing Address

26 P.O. Box 025580

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

27 City & State

28 Miami, Florida

24 Zip 33102-5580 25 Country USA

29 Zip 33102-5580 30 Country USA

9. Name and Address of Current Registered Agent

PHILLIPPS, ANDREW
11577 SW 149TH PATH
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name Andrew Phillipps

82 Street Address (P.O. Box Number is Not Acceptable)

1601 NW 97 Ave

83 Unit C111

84 City Miami

FL

85 Zip Code 33102-5580

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PHILLIPPS, ANDREW
STREET ADDRESS 11577 SW 149TH PATH
CITY-ST-ZIP MIAMI FL 33196

TITLE D ☐ DELETE

NAME PHILLIPPS, COLLEEN
STREET ADDRESS 11577 SW 149TH PATH
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1601 NW 97 Ave, Unit C111
1.4 CITY-ST-ZIP Miami, FL 33102-5580

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1601 NW 97 Ave, Unit C111
2.4 CITY-ST-ZIP Miami, FL 33102-5580

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew Phillipps (Andrew Phillipps)

1/22/99

Date

305-380-0826

Daytime Phone #

CR2E034 (11/98)