

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000034826 (4)**

1. Corporation Name

ANDY MICHAEL BRANDI MARKETING GROUP, INC.

Principal Place of Business

**651 S.W. 50TH AVE
MARGATE FL 33068**

Mailing Address

**651 S.W. 50TH AVE
MARGATE FL 33068**



3. Date Incorporated or Qualified

05/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

8. Name

8a. Street Address (P.O. Box Number is Not Acceptable)

8b.

8c. City

FL

8d. Zip Code

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, or both, if applicable

Typed or printed name of registered agent, or both, if applicable

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

**P
DINH, THINH T
651 S.W. 50TH AVE.
MARGATE FL 33068**

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

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2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

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14. 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THINH T DINH (305) 977-4996

Date

Signature Printed

CR2E034 (12/95)