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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000034826 (4)

ANDY MICHAEL BRANDI MARKETING GROUP, INC.

Principal Place of Business Mailing Address 651 8.W. 50TH AVE. 851 S.W. 50TH AVE. MARGATE FL 33068-3130 MARGATE FL 33068 3. Date Incorporated or Qualified 3a. Date of Last Report 05/04/1995 04/29/1996 Applied For 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number 65-0577014 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country ZID This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City Zip Code 85 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, type dice pointed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE TITLE DINH, THINH T 1.2 NAME 651 S.W. 50TH AVE STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33068 1.4 CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition 21 TITLE THUE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CHY - 51 - 206 DELETE Change Addition 3.1 THILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS C(17 - S1 - 7)8 3.4. CITY-\$7-ZIP DELETE Change Addition True 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1 - ZiP DELETE Change Addition 5.1 TITLE Till.E NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

54 CITY-ST-ZIP

**6 3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

61 TITLE

62 NAME

SIGNATURE:

COY-ST ZP

STREET ADDRESS

COLVEST ZIE

HILE

NAME

14. Loc 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 attachnooli with an address. SIGNATURE AND

DELETE

Change

Addition

**FILED** 

May 12 1997 8:00am

Secretary of State