

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000091522 (9)

1. Corporation Name

DE ANDA, INC.



Principal Place of Business

Mailing Address

3193 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33431

141 NORTH STATE STREET, SUITE 256
LAKE OSWEGO OR 97034

2. Principal Place of Business

2a. Mailing Address

21. Same

26. 3193 N. Federal Hwy

22. Suite, Apt #, etc

27. Suite, Apt #, etc

23. City & State

28. Boca Raton FL

24. Zip

29. 33431

Country

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/01/1995

3a. Date of Last Report

4. FEI Number

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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

81. Name

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

83.

84. City

FL

85. 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 in ink of registered agent and not applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME ☐ Change ☒ Addition
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition
22 NAME ☐ Change ☒ Addition
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME ☐ Change ☐ Addition
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME ☐ Change ☐ Addition
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME ☐ Change ☐ Addition
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME ☐ Change ☐ Addition
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, 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

Date

7-28-96 3359060

CR2E034 (3/96)