

FILE NOW: FILING FEE AFTER MAY 1 IS \$558.00

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Jun 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P96000025464**  
1. Corporation Name  
**DEANDRA ENTERPRISES GROUP INC.**

Principal Place of Business  
**6941 S.W. 27TH ST.  
MIRAMAR FL.  
33023**

Mailing Address  
**1761 STERLING PL  
BROOKLYN N.Y.  
11233**

3. Date Incorporated or Qualified  
**MARCH 21, 1996**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business 21 <b>MIRAMAR FL. 33023</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1761 STERLING PL.</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0659229</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RONALD GORDON**  
**6941 S.W. 27TH ST.**  
**MIRAMAR FL.**  
**33023**

**INCORPORATOR**  
**ELSIE SANCHEZ**  
**343 ALMENA AVE.**  
**CORAL GABLES**  
**FL. 33134**

10. Name and Address of New Registered Agent

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 **RONALD GORDON (PRESIDENT)** **6-2-97**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RONALD A. GORDON</b>	1.2 NAME	
STREET ADDRESS	<b>6941 SW. 27TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VICE-PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBARA LAVERN GORDON</b>	2.2 NAME	
STREET ADDRESS	<b>50 ABERVILLE AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KINGSTON 20 JAMAICA W.I.</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBARA GORDON</b>	3.2 NAME	
STREET ADDRESS	<b>50 ABERVILLE AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KINGSTON 20 JAMAICA W.I.</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORREN JONES</b>	4.2 NAME	
STREET ADDRESS	<b>10 CHURCHILL AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KINGSTON 10, JAMAICA W.I.</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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**\*\*\*173.75**

14. I do 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

SIGNATURE: **RONALD A. GORDON** **6-2-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)