

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

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GANDARA INCORPORATED	İ) (CONTROL THE TRANSPORT OF THE STATE OF THE
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	ice of Business	· ·			ļ	•			
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MAMI FL-331					j	DO NOT WRIT	E IN TH S	SPACE	
					3. Date Ir com	orated or Qualifed			
					08/01/19	96			
2 Princina	Place of Business	2a. Mailing Address			4. FEI Numbe			A	oplied For
	Figor of Bosinoss	26			65-0685	678			lot Applicable
Suite, Apt	t # etc	Suite, Apt. #, etc.						\$8.75	Additional
		27			5. Certiforte d	f Status Desired		Fee R	lecuired
22 City & S a	ite	City & State			6 Election Ca	mpaign Financing		\$5.00).May Be
23		28	-			Contribution	D -	•	to Fees
Zip	Country	Zip	Count	·y	8 This corpor	ation owes the curr	ent year inta	angible	
24	25	29	30			roperty Tax.	•	☐Yes	
24	9. Name and Address of Curro		-1901			Address of New R	egistered /	Agent	
	3. Hallo and Had 000 1.			1 Name		PATRIC	4	O	
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11. Pursuan	nt to the provisions of Sections 607.05	i02 and 607.1508, Florida Stat A of Florida, Such change was	Mes, the abo	ve-named con	poration submits thi ion's board of cirec	s statement for the parties	purpose or o t the appoin	ananging id itment as n	agistered
agent.	it to the provisions of Sections 607.05 registered egept, or both, in the Sal am familiar with and accept the oblig	pations el-Section 607.0505, F	krida Statuti	3.				C	_
SIGNATURE		rando				√	DATE	77	
SIGNATURE	Signature, typed or printed run up of selected as	ent and bite if applicable. (NC	Ti : Registered A	ent signature requ	ed when reinslating)		DATE		
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I nereby certify that the information supplied with risk hilling does not quality to the exemption stated in Section 119.0/1.3(i), Frionda Statutes. Further orbity that the information indicated on this annual report or suppliemental annual moort is true and accurate and that my signature shall have the same legal effect as if made unit are only that I am an officer or director of the corporation or the receiver or trustiffs 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 on on an attachment with an address, with a Fother like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

305.693-0131

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