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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90058 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000064948 1. Corporation Name GANDARA INCORPORATED			
Principal Place of Business		Mailing Address	
7052 S.W. 120TH PLACE MIAMI FL 33183		7052 S.W. 120TH PLACE MIAMI FL 33183	
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 25		29 30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ESTRADA, PATRICIO D 7052 S.W. 120TH PLACE MIAMI FL 33183		81 Name DUENAS, PATRICIO R. 82 Street Address (P.O. Box Number is Not Acceptable) 1701 So Ocean Drive #505 83 84 City HOLLYWOOD FL 85 Zip Code 33019	
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 <i>Patricio R. Duenas</i> DATE 5-6-99 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOT: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME DUENAS, PATRICIO D STREET ADDRESS 7052 S.W. 120TH PLACE CITY-ST-ZIP MIAMI FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE DUENAS, PATRICIO R 1.2 NAME 1.3 STREET ADDRESS 1701 So. Ocean Drive #505 1.4 CITY-ST-ZIP HOLLYWOOD, FL 33019	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricio R. Duenas **5-6-99** **305-193-0131**
 Daytime Phone #

CR2E034 (11/98)