PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082266

22K BY DRE, INC.

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FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90006 017 ***150.00



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Principal Place	e of Business	Mailing Address			1 1001(20) 110 71110 21117 00111 00111	W (81/8 1/8/8 1/8/8 4/1/8 4/1/1 4/1/1 4/1/1 4/1/1 4/1/1 4/1/1 4/1/1 4/1/1 4/1/1 4/1/1 4/1/1 4/1/1 4/1/1 4/1/1
7900 N.W. 27TH AVENUE 7900 N.W. 27TH AVENUE						
605A		605A			OO NOT WRITE IN THE	C CDACE
MIAMI FL 33147 MIAMI FL 33147			147		DO NOT WRITE IN THIS SPACE	
US .		US			 Date Incorporated or Qualified 10/04/1996 	
21 Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
7 24 26 26 26 26 26 26 26 26 26 26 26 26 26			•		65-0704810	Not Applicable
		Suite, Apt. #, etc.	ite, Apt. #, etc.			\$8.75 Additional
27		27	` <u> </u>		5. Certifcate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	r1	untry	8. This corporation owes the current year I	ntangible ∐No
24	25	29	30	т	Personal Property Tax. 10. Name and Address of New Registere	
·	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New Registere	2 Agent
DATTEDOON, ANDRE O				81 Name	·	
PATTERSON, ANDRE O.				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
7900 N.W. 27TH AVENUE				83	A CAMPAGE AND A	San Barrier St.
605A				83		
MIAMI FL 33147				84 City		85 Zip Code
11				<u> </u>	poration submits this statement for the purpose	-f sharping its registered
	egistered agent, or both, in the St m familiar with, and accept the ob- Signature, typed or printed name of registered	ate of Florida. Such change was digations of, Section 607.0505, F	lautnonze Iorida Sta	d by the corporati tutes.	ed when reinstating): DATE	ontine a sogieto e s
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TOLE!	PSTD	☐ DELETE	1.1 T	ITLE	何か物 ・	Change Addition
NAME	PATTERSON, ANDRE O		1.2 N	IAME		
STREET ADDRESS	7900 N.W. 27TH AVENUE 6	605A	1.3 \$	TREET ADDRESS	•	2
CITY-ST-ZIP	MIAMI FL 33147		1.4 0	CITY-ST-ZIP		
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CITY-ST-ZIP			4.40	CITY-ST-ZIP	1	
		☐ DELETE	5.1 1	TITLE		. Change Addition
MLE NAME III II			5.21	NAME	AND AND COMPANY	•
STREET ADDRESS			5.3 \$	STREET ADDRESS		
STREET ADDRESS	i veri e e		5.4 (CITY-ST-ZIP	uli la la Maria de La Caracteria de la C	
TITLE		☐ DELETE	6.1	TITLE		☐ Change ☐ Addition
NAME			6.21	NAME		
1 1:			6.3	STREET ADDRESS		. · · · ·
STREET ADDRESS	'			I		

14. I 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 open attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

(305)694-0804

Daytime Phone

CR2E034 (11/98)