FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600098497 (6) ARMANDO ANDRES INC.

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T ENNITURE TO THE POINT BESTE NORTH BOTT BETTO TOTAL TOTAL ESPENTION TO THE	
16215 NW 15TH AVENUE 16215 NW 15TH AVENUE						
MIAMI FL 33169		MIAMI FL 33169				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						12/04/1996
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0711479 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27 Chu 2 State				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
		Zip				Trace and Contribution
Zip	Country	<u> </u>	⊢ ¬ '			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes No
24	29 Registered Agent	red Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC.				81	Name	10. Haile and Addiss of feet Hogisteles Agent
	RISES, INC.					
	21 PGA BOULEVARD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 211 PALM BEACH FL 33418				83		
				84	City	FL 85 Zip Code
40 No. 100 No.			1 U			
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.						
agent, I am familiar with and accept the obligations of Section 607 0505, Florida Statutes.						
SIGNATURE Stonature Proped or printed name of recistered event and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.				ed Age	nt signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE 1.17		ITLE		Change Addition	
NAME	ANDRES, ARMANDO	_		IAME		_ , _
STREET ADDRESS	and the same and t			ADDRESS		
	ARABI EL COACO		HTY-\$1			
CITY-ST-ZIP TITLE	DELETE 2.13			1-211	Change Addition	
NAME	<u> </u>		2.2 N			
_			2.3 STREET ADDRESS		ADDRESS	
STREET ADDRESS CITY - ST - ZIP			2, 4 CITY-			
TITLE	DELETE			3,1 TITLE		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
			3.4, CITY-ST-ZIP		i	
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NAME	· -			NAME		_ v _
					ADDRESS	
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			- 1	IAME		
NAME					ADDRESS	
STREET ADDRESS			1			
City-St-ZIP			6.40	ITY-S	3-412	

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 op an attachment with an address.

SIGNATURE:

CENTUREDE CHASE

CR2E034 (10/97)