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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700009139

ANDLERS BUILDING, CORP.	00000100				
Principal Place of Business	Mailing Address			III EELII OPIIS 18187 IIOPE I	11119 1817 1997
9592 SW 124 TERRACE	9592 SW 124 TERRACE				
MIAMI FL 33176	MIAMI FL 33176				
US	. US		DO NOT WRITE I	N THIS SPACE	
			3. Date Incorporated or Qualifed 01/29/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	App	olied For
21	26		65-0739971	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	,\$8. 75 A	
22	27		5. Certificate of Citatos Desired	Fee Rec	`
City & State	City & State		6. Election Campaign Financing	\$5:00	May Be
23	28		Trust Fund Contribution	Added to	Fees
Zip Country	Zip	Country	8. This corporation owes the current	year Intangible	.
24 25		30	Personal Property Tax.		No.
9. Name and Address of C	Current Registered Agent	81 Name	10. Name and Address of New Regi	stered Agent	·
BAZAIN, GLORIA P		- $ -$	loria P. Baza	iΩ	
9630 SW 115 AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33176		45	ga sw 124 terr	-	
MIMMI FL 33170		83 W.C	2001 E/ 33176	<u></u>	
		84 City	101	85 Zip C	ode ,
		M	COM!	FL 331	16
office or registered egent, or both, in the	Charles of Florida Charles obongo was our	4hii	b of disto I horoby occont the	a appointment on roa	victored
SIGNATURE	1.111		poration submits this statement for the pun on's board of directors. I hereby accept the		Jistereu
SIGNATURE Signature, typed or primed name of register	ered agent and title applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE	
SIGNATURE Signature, typod or primed name of register 12. OFFICEI	ored seent and tracin applicable. (NOTE: RS AND DIRECTORS	Registered Agent signature require		DATE	
SIGNATURE Signature, Speed or Primed name of register 12. OFFICE TITLE DP	ered agent and title applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE	ed when reinstating)	ERS AND DIRECTOR	RS IN 12
SIGNATURE Signature, Speed or Primed name of register 12. OFFICE TITLE DP NAME BAZAIN, GLORIA P.	ored seent and tracin applicable. (NOTE: RS AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	ERS AND DIRECTOR	RS IN 12
SIGNATURE SIgnature, typod or primer name of registe 12. OFFICE TITLE DP NAME BAZAIN, GLORIA P. STREET ADDRESS 9592 SW 124 TERRACE	ored seent and tracin applicable. (NOTE: RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	ERS AND DIRECTOR	RS IN 12
SIGNATURE SIgnature, typed of phined name of register 12. OFFICE TITLE DP NAME BAZAIN, GLORIA P. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176	ned gent and title inapplication. (NOTE: !	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	DATE ERS AND DIRECTOI ☐ Change	RS IN 12
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SIGNATURE Signature, Speed of Primed name of register 12. OFFICE DP BAZAIN, GLORIA P. 9592 SW 124 TERRACE MIAMI FL 33176 TITLE NAME STREET ADDRESS	ned gent and title inapplication. (NOTE: !	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOI ☐ Change	RS IN 12
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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 on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP