

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90078 024 \*\*\*150.00

DOCUMENT # **P97000018180**

1. Corporation Name

**ANDREU INTERNATIONAL DISTRIBUTORS, INC**

Principal Place of Business

Mailing Address

**1390 S. DIXIE HWY STE 1308**  
**CORAL GABLES, FL 33146-2927**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**FEBRUARY 26, 1997**

4. FEI Number

**05-0733579**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 1390 S. DIXIE HWY**

**26 1390 S. DIXIE HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 1308**

**27 1308**

City & State

City & State

**23 CORAL GABLES, FL**

**28 CORAL GABLES, FL**

Zip

Country

Zip

Country

**24 33146-2927 25 MIAMI-DADE**

**29 33146-2927 30 MIAMI-DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALDO I. ANDREU**  
**1390 S. DIXIE HWY STE 1308**  
**CORAL GABLES, FL 33146-2927**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or not name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**April 2<sup>nd</sup> 1999**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/O** ☐ DELETE  
NAME **ALDO I. ANDREU**  
STREET ADDRESS **1390 S. DIXIE HWY STE 1308**  
CITY-ST-ZIP **CORAL GABLES FL 33146-2927**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VP/S/T/O** ☐ DELETE  
NAME **ZEIDA ANDREU**  
STREET ADDRESS **1390 S. DIXIE HWY STE 1308**  
CITY-ST-ZIP **CORAL GABLES, FL 33146-2927**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/99 305-665-4549**

CR2E034 (1/1/98)

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