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PROFIT CORPORATION ANNUAL REPORT 1999



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

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

2. Principal Place of Business 2a. Mailing Address
21 **1390 S. DIXIE HWY** 26 **1390 S. DIXIE HWY**
22 Suite: Apt. #, etc. 27 Suite: Apt. #, etc.
1308 **1308**
23 City & State 28 City & State
CORAL GABLES, FL **CORAL GABLES, FL**
24 Zip 25 Country 29 Zip 30 Country
33146-2927 **MIAMI-DADE** **33146-2927** **MIAMI-DADE**

4. FEI Number Applied For
05-0733579 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

9. Name and Address of Current Registered Agent
**ALDO I. ANDREU
1390 S. DIXIE HWY STE 1308
CORAL GABLES, FL 33146-2927**

10. Name and Address of New Registered Agent
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]* **April 2nd 1999**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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]* **4/2/99 305-665-4549**

CR2E034 (1/1/98)