

FILE NOW: FILING FEE AFTER MAY 1ST

FILED
Aug 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McJannet Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name **P97000073802 (5)**

ANDREWS INTERNATIONAL CORP.

Principal Place of Business Mailing Address

19300 NW 87 place
Miami, FL 33018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/25/97	Applied For ☐ Not Applicable
4. FEI Number 65-0799410	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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

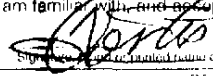
9. Name and Address of Current Registered Agent

ALFREDO CORTES
18251 SW 27 st
MIRAMAR FL 33029

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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  (NOTE: Registered Agent signature required when reinstating) DATE: _____

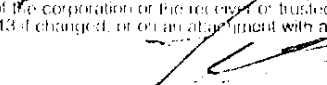
12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KIRCOS MIGUEL A	
STREET ADDRESS	19300 NW 87 PLACE	
CITY-ST-ZIP	MIAMI, FL 33018	
TITLE	VD	☐ DELETE
NAME	KIRCOS ANA M	
STREET ADDRESS	19300 NW 87 PLACE	
CITY-ST-ZIP	MIAMI, FL 33018	
TITLE	MD	☐ DELETE
NAME	CORTES ALFREDO	
STREET ADDRESS	18251 SW 27 ST	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	TD	☐ DELETE
NAME	KIRCOS MIGUEL	
STREET ADDRESS	19300 87 PLACE	
CITY-ST-ZIP	MIAMI, FL 33018	

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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAY: _____ MONTH: _____

CR2E034 (10/97)