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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000105570 (0)

ANDREWS BLOCK CORP.

FILED

May 04 1998 8:00am

Secretary of State

| Principal Place of Business | | Mailing Address | | | | ı radırası ira imiri immir matir matir darar eldir anını anını arial atirl fadit dati fağı. | | | |
|---|--|---|---------------|---|----------------------------|---|-----------|------------|---------------------------------------|
| 8181 NW SO. RIVER DRIVE #E-547 | | 8181 NW SO. RIVER DRIVE #E-547 | | | | | | | |
| MIAMI FL 33168 | | MIAMI FL 33166 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualified | 11113 31 | ACE_ | · · · · · · · · · · · · · · · · · · · |
| | | | | | | 12/16/1997 | | | |
| 2. Principal P | face of Business | 2a. Mailing Address | | | | 4. FEI Number | | | pplied For |
| 21 | | 26 | | | | 65-0799604 | | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | | | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | | equired |
| City & State | | City & State | | 6. Election Campaign Financing | | \$5.00 | May Be | | |
| 23 | | 28 | 1 - 1 | | Trust Fund Contribution | _ | | to Fees | |
| Zip | Country | Zip | L Cou | intry | | 8. This corporation owes or has paid | the curre | nt year Ir | tangible |
| 24 | 25] | 29 | 30 | | | Personal Property Tax due June 30 | | | □ No |
| | 9. Name and Address of Currer | nt Registered Agent | | 1 | | 10. Name and Address of New Regis | tered Ag | jent | |
| MORA, ANDRES | | | | 61 | Name | | | | l |
| 8181 NW SO. RIVER DRIVE #E-547 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MIA | AMI FL 33166 | | | | | | | | |
| | | | | 83 | | | | | |
| | | | | 84 | City | | | 85 Zip | Code |
| | | | | | • | | FL | | |
| 11. Pursuant I office or re | to the provisions of Sections 607,050 egistered agent, or both, in the State | 02 and 607.1508, Florida Stat of Florida, Such change wa | tutes, the al | oove n by | -named c | corporation submits this statement for the purporation's board of directors. I bereby account the | pose of c | hanging i | ts registered |
| 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 | | | | | | | | | |
| 12. | Signature typed or printed name of registered age | ont and title if applicable (N D DIRECTORS | | 1 Age | nt signature re | <u> </u> | DATE | | |
| TITLE | PD OFFICERS AN | DELETE | 13. | | —— | ADDITIONS/CHANGES TO OFFICER | _ | | |
| NAME | MORA, ANDRES | | | 1.1 TITLE 1.2 NAME | | | L | _i Change | Addition |
| STREET ADDRESS 8181 NW SO. RIVER DRIVE #E-547 | | | | | | | | | |
| 6.01.04.01 (MI) A.D. 4.0.0 | | | | 1.3 STREET ADDRESS 1.4 City-St-Zip | | | | | |
| CITY-ST-ZIP TITLE | MIAMI FE 33100 | DELETE | | | -ZIP | | | 1 Channa | A designation |
| NAME | | beceit | 2.1 10 | | | | | Change | Addition |
| | | | 2.2 N | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | .) | | |
| CITY-ST-ZIP TITLE | | DELETE | 2.40 | | I-ZIP | | | Change | Addition |
| NAME | | □ percit | 3.1 70 | | | | L. | _ Unange | Addition |
| | | | 3.2 N | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | Ì |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 3.4. C | | r-zip | | | Tobassa | [] takes |
| NAME | | | 4.1 TI | | | | L | Change | ☐ Addition |
| STREET ADDRESS | | | 4.2 N | | | | | | ĺ |
| | | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | —— \ | DELETE | 4.4 Cf | | -ZIP | | | 7 65 | [T] Address |
| | 1 | DELETE | 5.1 T/I | | | | L | Change | Addition |
| NAME STORET ADDOCCC | · _ / | | 5.2 NA | | | | | | |
| STREET ADDRESS | · X > 11 | | | | ADDRESS | | | | |
| CITY - ST - ZIP | | DELETE | 5.4 C/1 | | - ZIP | | | 1.05 | 14.100 |
| TITLE | :1\1 | VILLE DELETE | 61 III | | } | | L. |] Change | ☐ Addition |
| NAME | \\X I | 1 - / | 6.2 NA | | | | | | į |
| STREET ADDRESS | X \ [X \ | 1 | | | ADDRESS | | | | |
| CITY-ST-ZIP | The state of the s | | 6.4 CI | Y-ST | - ZIP | | | | |

name unity does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information familiar report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an over or truefee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in himen with an address.

ulonlag