

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

DOCUMENT # P98000031218

1. Corporation Name
SANDIA, INC.

Principal Place of Business
630 GAMEWELL AVENUE
MAITLAND FL 32751

Mailing Address
630 GAMEWELL AVENUE
MAITLAND FL 32751

2. Principal Place of Business

21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE By: *Natalia Utrera*
Signature, typed or printed name of signing officer or director

Natalia Utrera, Vice-President

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	LIPPONER, DOVE	
STREET ADDRESS	630 GAMEWELL AVENUE	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE	VD	[] DELETE
NAME	LIPPONER, GEORGE	
STREET ADDRESS	630 GAMEWELL AVENUE	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change	[] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	[] Change	[] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	[] Change	[] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	[] Change	[] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE	[] Change	[] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(3)(b), 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: *Dove Lipponer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

59 3504752

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

10. Name and Address of New Registered Agent

81 Name Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue

83
84 City Coral Gables

FL 85 Zip Code 33134

3/30/99

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***150.00 ***150.00

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(407) 539-1620