


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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90085 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P98000057901

1. Corporation Name
ANNDEX CONSOLIDATORS, INC.



Principal Place of Business 11720 SW 95TH STREET MIAMI FL 33186	Mailing Address 11720 SW 95TH STREET MIAMI FL 33186
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 255 NE 59 ST		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/26/1998	
Suite, Apt. #, etc. 22 Miami		Suite, Apt. #, etc. 27		4. FEI Number 65-0844999	
City & State 23 Miami FL USA		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33137		Country 25		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRIERRE, FEDY VIEUX 11720 SW 95TH STREET MIAMI FL 33186		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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P BRIERRE, FEDY VIEUX	1.2 NAME	
STREET ADDRESS	11720 SW 95TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS DOMINIQUE, MICHEL	2.2 NAME	
STREET ADDRESS	3255 LAKE DR, APT F-403	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V-P SASSINE, RICHARD	3.2 NAME	
STREET ADDRESS	255 NE 59 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER SASSINE, ROGER	4.2 NAME	
STREET ADDRESS	255 NE 59 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY WIRTH, RICK	5.2 NAME	
STREET ADDRESS	255 NE 59 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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
FEDY VIEUX-BRIERRE Pres. 2/25/99.

Date

Daytime Phone #