

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 255 NE 59 ST	2a. Mailing Address 26 Suite, Apt. #, etc.
22 MIAMI City & State	27 MIAMI FL 33137 City & State
23 MIAMI FL USA City & State	28 MIAMI FL USA City & State
24 33137 Zip	25 USA Country

3. Date Incorporated or Qualified 06/26/1998	
4. FEI Number 65-0844999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
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	85 Zip Code

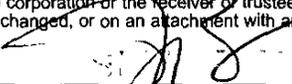
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P BRIERRE, FEDY VIEUX
STREET ADDRESS	11720 SW 95TH STREET
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> DELETE
NAME	VS DOMINIQUE, MICHEL
STREET ADDRESS	3255 LAKE DR, APT F-403
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> DELETE
NAME	V-P SASSINE, RICHARD
STREET ADDRESS	255 NE 59 ST
CITY-ST-ZIP	MIAMI FL 33137
TITLE	<input type="checkbox"/> DELETE
NAME	TREASURER SASSINE, ROGER
STREET ADDRESS	255 NE 59 ST
CITY-ST-ZIP	MIAMI FL 33137
TITLE	<input type="checkbox"/> DELETE
NAME	SECRETARY WIRTH, RICK
STREET ADDRESS	255 NE 59 ST
CITY-ST-ZIP	MIAMI FL 33137
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.

SIGNATURE:  **FEDY VIEUX-BRIERRE Pres. 2/25/99.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #