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 # **P98000073871**1. Corporation Name

ANDROS RESOURCES, INC.

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90003 038 ***300.00



Principal Place of Business Mailing Address								i cantinat ten latus tatet nuret un)	302 (III) 101	., 1998, 148, 188,
2655 LE JEUNE RD., SUITE 606 2655 LE JEUNE RD., SUITE CORAL GABLES FL 33134 CORAL GABLES FL 33134				E 60 6	506			DO NOT WRITE IN THIS SPACE			
i. H								3. Date Incorporated or Qualifed 08/24/1998			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number			Applied For
26								65-0908-6	<u> 137</u>	^^	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State			& State	ie				6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Adde	to Fees
Zip	Country	Zip		Cour	itry_			-8,-This corporation owes the curr	ent year Inta		
24	25 29]30]]	Personal Property Tax.			
	9. Name and Address of Curren	nt Registered	Agent		241	Nimma		10. Name and Address of New F	Registered A	gent	
A111	IADD DURINGE			ĺ	81	Name					
alluard, Philippe 2655 le jeune Rd., Suite 606					82	Street /	Addres	dress (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134]	83							
				İ	84	City			FL	85 Zip	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Si	uch change was a	uthorized	DV 1	he corpo	corpora oration	ation submits this statement for the s board of directors. I hereby accep	purpose of on the appoin	hanging i tment as i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered age	ot and title if appli	able (NOTE	: Registered	Apent	signature re	equired w	hen reinstating)	DATE		
12.	OFFICERS Af			13.				ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12
TITLE	☐ DELETE				1,1 TITLE					Change	
NAME	President and		or	1,2 NA	ME						
STREET ADDRESS	Philippe Alluard			1.3 ST	1,3 STREET ADDRESS]
CITY-ST-ZIP	2655 Le jeune Rd- Suite 606 Coral Gables, F1 33134				1.4 CITY-ST-ZIP						
TITLE	Vice president				2.1 TITLE					Change	Addition
NAME	Thierry Collot			2.2 NA	2.2 NAME						Į.
STREET ADDRESS	2655 Le Jeune Rd - Suite 606			2.3 ST	2.3 STREET ADDRESS						1
CITY-ST-ZIP	Coral Gables, Fl 33134				2.4 CITY-ST-ZIP						
TITLE	Secretary DELETE				3.1 TITLE					Change	● ☐ Addition
NAME	Eric W. Shaw			3.2 NA	3.2 NAME						Ì
STREET ADDRESS	75 East 55th Street - suite 610			3.3 STI	3.3 STREET ADDRESS						ĺ
CITY-ST-ZIP	New York, NY 10022				3.4. CITY-ST-ZIP						
TITLE	Assistant Secretary □ DELETE			4.1 TIT	4.1 TITLE		1			Change	Addition
NAME	Mayra Damien			4. 2 NA	ME						į
STREET ADDRESS	2655 Le Jeune Road -Suite 606			4.3 ST	4.3 STREET ADDRESS		1				ì
CITY-ST-ZIP	Coral Gables, Fl 33134				4.4 CITY-ST-ZIP						- C Addition
TITLE			_ DEFELE	5.1 717		ì	Ì	1		Chang	e [] Addition
NAME				5.2 NA							ľ
STREET ADDRESS						ADDRESS					1
CITY-ST-ZIP				5.4 CIT		- ZIP	<u> </u>			☐ Change	e [] Addition
TITLE			☐ DELETE	6.1 TIT			1			□ cuang	e C waaingii
NAME				6.2 NA		4000000					ļ
STREET ADDRESS						ADDRESS					İ
CITY-ST-ZIP	ertify that the information supplied w	deb eb in filin	tone not qualify for	6.4 CIT			l in Sa	ction 110 07/3\(ii) Florida Statutes	I further cert	ify that the	information

indicated on this annual reporter supplied with this raing does not quality for the exemption stated in Section 119.07(5)(f), Fronta Statutes. Further certify that the information indicated on this annual report excepted 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 coloration of the effective 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 or or production with an address, with all other like empowered.

SIGNATURE:

ID TYPED OR DRINTED THE OF SIGNING OFFICER OR DIRECTOR