

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18 1998 8:00am
Secretary of State

DOCUMENT # S20949 (1)

1. Corporation Name
D ANDRE AND ASSOCIATES, INC.



Principal Place of Business
% IVAN A. GOMEZ
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI FL 33131
US

Mailing Address
% IVAN A. GOMEZ
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1501 E. 10th Avenue		26 Suite, Apt. #, etc.		12/24/1990	
22 City & State		27 City & State		4. FEI Number	
23 Hialeah, Florida		28 Zip		65-0238448	
24 33010		25 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GOMEZ, IVAN A.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
Ivan A. Gomez, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
83 601 Brickell Key Drive, Suite 507
84 City
Miami, FL 85 Zip Code
33131

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 Ivan A. Gomez, P.A. by: [Signature] DATE 1/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, DAVID A.	1.2 NAME	
STREET ADDRESS	1501 E 10TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARUS, RICHARD	2.2 NAME	LAZARUS, RICHARD A.
STREET ADDRESS	1501 E 10TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARUS, KIRK	3.2 NAME	LAZARUS, KIRK M.
STREET ADDRESS	1501 E 10TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA LAZARUS	4.2 NAME	LAZARUS, BRENDA M.
STREET ADDRESS	1501 E 10TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 on an attachment with an address.

SIGNATURE: [Signature]

(305) 371-9213

CR2E034 (10/97)