

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90258 019 ***150.00

0186107

DOCUMENT # S20949

1. Corporation Name
D ANDRE AND ASSOCIATES, INC.

Principal Place of Business

1501 E 10TH AVE
HIALEAH FL 33010
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1990

4. FEI Number

65-0238448

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

GOMEZ, IVAN A.
601 BRICKELL KEY DR
STE 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)

601 Brickell Key Drive

83

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 *Ivan A. Gomez*, President 1/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
CHANG, DAVID A.
STREET ADDRESS
1501 E 10TH AVENUE
CITY-ST-ZIP
HIALEAH FL

TITLE ☐ DELETE

NAME
LAZARUS, RICHARD A
STREET ADDRESS
1501 E 10TH AVENUE
CITY-ST-ZIP
HIALEAH FL

TITLE ☐ DELETE

NAME
LAZARUS, KIRK M
STREET ADDRESS
1501 E 10TH AVENUE
CITY-ST-ZIP
HIALEAH FL

TITLE ☐ DELETE

NAME
LAZARUS, BRENDA M
STREET ADDRESS
1501 E 10TH AVENUE
CITY-ST-ZIP
HIALEAH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

Brenda M. Lazarus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99
Date

(305) 887-7971
Daytime Phone #

CR2E034 (11/98)