FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:14

DOCUMENT # S43624 (3)

1. Corporation Name
ANDICO, INC.

Principal Place of Business	Mailing Address
1500 SAN REMO AVE. SUITE 220 CORAL GABLES FL 33146	1500 SAN REMO AVE. SUITE 220 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4705 N.W. 132 Street	26 4705 N.W. 132 Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip 24 33054 Country 25	Zip 29 33054 Country 30

4. FEI Number: 65-0256783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KESHEN, NELSON, ESQ. ~~1500 SAN REMO AVE.~~ 9130 South Dadeland Blvd. ~~SUITE 220~~ Suite 1511 ~~CORAL GABLES FL 33146~~ Miami, Fl. 33156	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 ZIP

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: Nelson C. Keshen (Nelson C. Keshen) 1/12/95
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	P	11 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	SEYMOUR, BARUCH	12 NAME	BARUCH, DAVID
STREET ADDRESS	4705 NW 132ND ST	13 STREET ADDRESS	4705 N.W. 132nd ST.
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FLA. 33054
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 6/23/95 305-688-0371
DAVID BARUCH, PRESIDENT
Signature and typed or printed name of individual with authority to sign — Date — Daytime Phone #

0160120 CP