

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
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90106 010 ***150.00

DOCUMENT # V33217

1. Corporation Name

ANDRES DEVELOPMENT, INC.

Principal Place of Business

10479 ST ANDREWS RD
BOYNTON BEACH FL 33436

Mailing Address

P.O. BOX 4047
BOYNTON BEACH FL 33424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1992

4. FEI Number

65-0335215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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 1135 Beach Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 4047
Suite, Apt. #, etc.

City & State

23 Delray Bch.
Zip Country

City & State

28 BOYNTON Bch, FL
Zip Country

24 33483

25 Delray Bch

29 33424

30

9. Name and Address of Current Registered Agent

ANDRES, HENRY

10479 ST ANDREWS RD
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

1135 Beach Dr

83

84 City

Delray Bch

FL

85 Zip Code

33483

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ANDRES, HENRY
STREET ADDRESS P.O. BOX 4047 N/A
CITY-ST-ZIP BOYNTON BEACH FL 33424

TITLE VP ☐ DELETE

NAME BRENT, ANDRES,
STREET ADDRESS 1605-K LINTON LAKES DR
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE S ☐ DELETE

NAME FRIEDA, ANDRES,
STREET ADDRESS P.O. BOX 4047 N/A
CITY-ST-ZIP BOYNTON Bch FL 33424

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99 561-216-3131

CR2E034 (1/1/98)