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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V61819

1. Corporation Name

WANDELL ENTERPHISES, INC.				
Principal Place of Business	Mailing Address		1 10411 811810 81181 (1881 1818) 11	610 1011 01011 01011 01011 State 01011 01011 1001
20334 NW 2ND AVE	20334 NW 2ND AVE			
MIAMI FL 33169	MIAMI FL 33169		DO NOT WEI	TE IN THIS SPACE
US ·	U\$		3. Date Incorporated or Qualifed	TE IN TAIS SPACE
			09/03/1992	•
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0363775	Not Applicable
Suite', Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	55.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the curre	ent year Intangible
24 25 .	29	30	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
	3	81 Name		
MANDELL, ALAN H. 20334 NW 2ND AVE		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
			the second secon	or where the state of the state
MIAMI FL 33169		83	100 110 110 110 110 110 110 110 110 110	で 1 (1) (2017) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
•		84 City		—■ 85 Zip Code
		[04] 01.9		FL SI ZIP COUL
313 1213 1211	70,00			
11. Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations.	2 and 607.1508, Florida Statut of Florida. Such change was a tions of Section 607.0505. Flo	es, the above-named corporation of the corporation	poration submits this statement for the ion's board of directors. I hereby accep	
CS agent. I am familiar with, and accept the obligat	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above-named corputhorized by the corporational Statutes.	poration submits this statement for the ion's board of directors. I hereby accep	
11. Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligated SIGNATURE Signature, typed or printed name of registered agent.	tions of,:Section 607.0505, Flo	es, the above-named corporation of the corporation	,	
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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 supplied ental 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 of 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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90073 010 ***150.00

CR2E034 (11/98)