

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 008 ****50.00

0013958

DOCUMENT # L00000004341

1. Entity Name

MAGIC ANDES, LLC



Principal Place of Business

Mailing Address

**601 BRICKELL KEY DRIVE, SUITE 802
MIAMI FL 33131**

**601 BRICKELL KEY DRIVE, SUITE 802
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

601 Brickell Key Drive

601 Brickell Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Stc - 802

Stc - 802

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Zip
33131

Country
USA

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1003465**

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAZQUEZ, GERARDO A
601 BRICKELL KEY DRIVE, SUITE 802
MIAMI FL 33131**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM SCHMIDT, JUAN RICARDO**
STREET ADDRESS **601 BRICKELL KEY DRIVE, SUITE 802**
CITY-ST-ZIP **MIAMI FL 33131-2649**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SCHMIDT, JUAN RICARDO** *4/30/03* *305-371-9004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)