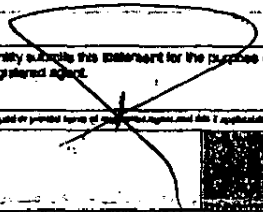
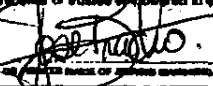


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92167 018 ***150.00

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

30068783

DOCUMENT # L02000018452			
1. Entity Name LOS ANDES LLC			
Principal Place of Business 2100 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134		Mailing Address 2100 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134	
2. Principal Place of Business 12205 SW, 131 AV.		3. Mailing Address SAME	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State MIAMI - FLORIDA		City & State	
Zip 33186		Country USA	
4. FEI Number 11-3643515		Address For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GURIAN, JORGE 2100 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent ANDRES RODRIGUEZ 141 NE, 3RD AV., DFC. 406 MIAMI FL 33132	
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 		DATE 4-29-03	
B. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDEZ, JOSE MIGUEL 2100 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDEZ, JOSE MIGUEL 12205 SW, 131 AV. MIAMI-FLORIDA 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDAETA, RUTH 2100 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDAETA, RUTH 12205 SW, 131 AV. MIAMI-FLORIDA 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALES, JAVIER 2100 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALES, JAVIER 12205 SW, 131 AV. MIAMI-FLORIDA 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSHO, FREDDY 2100 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRACHO, JOSE RAMON 12205 SW, 131 AV. MIAMI-FLORIDA 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this report 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 reporter or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 		DATE 4-29-03	