

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000013560 (5)
 1. Corporation Name
UNION ANDINA U.S.A., INC.



Principal Place of Business 6300 NW 84TH AVE. MIAMI FL 33166-2807	Mailing Address P.O. BOX 831538 MIAMI FL 33283-1538 US
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3. Date Incorporated or Qualified 02/16/1994	3a. Date of Last Report 02/16/1996
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21. Principal Place of Business C/O GRADLICH INTERNATIONAL	2a. Mailing Address C/O GRADLICH INTERNATIONAL
22. Suite, Apt. #, etc. 6411 NW 35 AVE	27. Suite, Apt. #, etc. 6411 NW 35 AVE
23. City & State MIAMI	28. City & State MIAMI
24. Zip FL 33147	29. Zip FL 33147

4. FEI Number 65-0468813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LEIBELL, ARTHUR J
5100 TOWN CENTER CIRCLE
TOWER II SUITE 330
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME BOK, RONALD H	
STREET ADDRESS 6300 NW 84TH AVE.	
CITY-ST-ZIP MIAMI FL 33166-2807	
TITLE D	<input type="checkbox"/> DELETE
NAME BOK, CORNELIA B	
STREET ADDRESS 6300 NW 84TH AVE.	
CITY-ST-ZIP MIAMI FL 33166-2807	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 6411 NW 35 AVE	
1.4 CITY-ST-ZIP MIAMI FL 33147	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 6411 NW 35 AVE	
2.4 CITY-ST-ZIP MIAMI FL 33147	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Ronald H. Bok President Date: Jan 30 1997

CR2E034 (9/96)