FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1996 ~~1995~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076687

1. Corporation Name

ANDEAN DEVELOPMENT CORPORATION

Principal Place of Business / Mailing Address

835 Lakeside Drive
Boca Raton, Florida 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/94
3a. Date of Last Report: ~~N/A~~ 1995

2. Principal Place of Business
21: Same as above
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: Same as above
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0548697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAYLE COLEMAN, ESQ.
ATLAS, PEARLMAN, TROP & BORKSON, P.A.
200 EAST LAS OLAS BOULEVARD, STE. 1900
FT. LAUDERDALE, FL 33301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT/CEO/DIRECTOR PEDRO PABLO ERRAZURIZ 835 LAKESIDE DRIVE ~~BOCA RATON, FL 33434~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP: ☐ Change ☒ Addition ASSISTANT SECRETARY CHARLES B. PEARLMAN 200 E. LAS OLAS BLVD., STE. 1900 FT. LAUDERDALE, FL 33301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: CFO/TREASURER/SECY/DIR JOSE LUIS YRARRAZAVAL 835 LAKESIDE DRIVE ~~BOCA RATON, FL 33434~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DIRECTOR ALBERTO CODDOU 835 LAKESIDE DRIVE ~~BOCA RATON, FL 33434~~	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DIRECTOR CLAUDE MERMIER 835 LAKESIDE DRIVE BOCA RATON, FL 33434	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DIRECTOR SERGIO JIMENEZ 835 LAKESIDE DRIVE BOCA RATON, FL 33434	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP: ☐ Change ☐ Addition
	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP: ☐ Change ☐ Addition 300001847265 -06/03/96--01022--026 ***400.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X Charles B Pearlman Asst. Secretary 4/17/96 (954) 773-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

4/17/96