May 07, 1999 8:00 am Secretary of State

05-07-1999 90119 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076687

ANDEAN DEVELOPMENT CORPORATION

Principal Place	e of Business	Mailing Address				Ų						
1900 GLADES ROAD AV. AMERICO VESPI			00									
SUITE 351 PISO 16-LAS CONDE							DO NOT WE	ITE IN THIS S	SPACI	=		
BOCA RATON FL 33431 SANTIAGO CHILE							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						J.	10/19/1994					
2 Principal P	lace of Rusiness	2a. Mailing Address		_		4	FEI Number		\Box	Apr	lied For	
							65-0548697			Not Applicable		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.	\$8.75 Additional			
22 27						5.	Certifcate of Status Desired		*	ee Red		
City & State	e	City & State	City & State			6. Election Campaign Financing 55.0					0 May Be	
23 (28						"	Trust Fund Contribution				Fees	
Zip	<u></u>			Country			This corporation owes the cur	rent year Inta	ngible			
24	25	29	30				Personal Property Tax.		☐ Ye	s	□No	
	9. Name and Address of Curre	nt Registered Agent				10.	Name and Address of New	Registered A	gent			
	LATITE DEGLOTEDED LACKET	CODDODATION	Į 8	11	Name						i	
INTRASTATE REGISTERED AGENT CORPORATION				82 Street Addr			P.O. Box Number is Not Accept	table)				
701 BRICKELL AVENUE			`	OLI CUICEL AUGI								
MIAN	AI FL 33131		8	33							į	
			<u> </u>	34	City				85	Zip C	ode	
				•	City			FL	03	Zip U	.000	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statute	s, the abo	ve	-named corr	poratio	n submits this statement for the	purpose of o	hangi	ng its t	registered	
office or n agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	⇒ of Florida. Such change was au ations of, Section 607.0505. Flor	uthorized t rida Statuti	oy t es.	the corporati	ion's bo	oard of directors. I hereby acce	pt the appoin	ıment	as reg	listered	
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered A	gent	t signature require			DATE				
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AND			-	
TITLE	CS	☐ DELETE	1.1 TITLE	E					Ch	ange	☐ Addition	
NAME ERRAZURIZ, PEDRO P			1.2 NAM	1.2 NAME								
STREET ADDRESS AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDE			1.3 STRI	1.3 STREET ADDRESS							i	
CITY-ST-ZIP	SANTIAGO CHILE		1.4 CITY	-ST-	- ZIP		· · · · · · · · · · · · · · · · · · ·					
TITLE	DTS DELETE		2.1 11714	E					Ch	ange	☐ Addition	
NAME	1,4,4,1,0,000			2.2 NAME								
STREET ADDRESS AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDE				2.3 STREET ADDRESS							Ì	
CITY- ST- ZIP	SANTIAGO CHILE		2. 4 CIT	/-ST	r-ZIP							
TITLE	DELETE 3.11		3.1 TITLE	3.1 TITLE					Ch	ange	Addition	
NAME	ooboo, Abbellio		3.2 NAM	3.2 NAME								
STREET ADDRESS	AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDE 33			3.3 STREET ADDRESS								
CITY-ST-ZIP	SANTIAGO CHILE		3.4. C/TY	/-ST	r-ZIP							
TITLE) D	☐ DELETE	4.1 TITL	E	1				Ch	ange	Addition)	
NAME	JIMENEZ, SERGIO		4, 2 NAM	Æ								
STREET ADDRESS			4.3 STR	4.3 STREET ADDRESS							į	
CITY-ST-ZIP	SANTIAGO CHILE		4.4 CITY	-ST	-ZIP							
TITLE	D	☐ DELETE	5.1 TITL	E					Ch	ange	☐ Addition	
NAME	MERMIER, CLAUDE		5.2 NAM	Ε	Į							
STREET ADDRESS	AV. AMERICO VESPUCIO 100	PISO 16-LAS CONDE	5.3 STR	EET,	ADDRESS							
CITY-ST-ZIP	SANTIAGO CHILE		5.4 CITY	- ST-	-ZIP							
TITLE	P	☐ DELETE	6.1 TITLE	E					□ Ch	ange	Addition (
NAME	DE LA BARBA MAURICIO		6.2 NAM	E								

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 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; with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDE

SANTIAGO CHILE