

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 27 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000064319 (2)  
 1. Corporation Name  
 ANDES INTERNATIONAL AIR CONDITIONING SYSTEMS, IN C.



Principal Place of Business: 4995 NW 72 AVE., STE. 405 MIAMI FL 33166  
 Mailing Address: 4995 NW 72 AVE., STE. 405 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1996  
 3a. Date of Last Report: [Blank]  
 2. Principal Place of Business: 21 6405 NW 36 ST, 22 Suite, Apt. #, etc.: 202-G, 23 City & State: MIAMI / FLORIDA, 24 Zip: 33166, 25 Country: USA  
 2a. Mailing Address: 26 SAME AS #2, 27 Suite, Apt. #, etc.: [Blank], 28 City & State: [Blank], 29 Zip: [Blank], 30 Country: [Blank]  
 4. FEI Number: 65-0689904  
 5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
 B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent: SARABIA, ROBERTO, 4995 NW 72 AVE., STE. 405, MIAMI FL 33166  
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: [Signature] DATE: 6/20/97  
 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	DPVT	1.1 TITLE	[ ] Change [ ] Addition
NAME	SARABIA, ROBERTO	1.2 NAME	
STREET ADDRESS	4995 NW 72 AVE., STE. 405	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	[ ] Change [ ] Addition
NAME	NAVARRETE, CHARLES	2.2 NAME	
STREET ADDRESS	4995 NW 72 AVE., STE. 405	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	800002280228
STREET ADDRESS		6.3 STREET ADDRESS	-08/28/97--01108--017
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***550.00

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.

CP2E034 (4/97)