

04-22-2002 90124 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087716
 1. Entity Name
Andean Export Import, Inc.

636174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7951 SW 40th Street
 Suite, Apt. #, etc. 206

3. Mailing Address
7951 SW 40th Street
 Suite, Apt. #, etc. 206

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

Zip 33155 Country U.S. Zip 33155 Country U.S.

4. FFI Number 65-0704911 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Pancorvo, Victor

Street Address (P.O. Box Number is Not Acceptable)
5167 NW 74th Ave

City Miami FL Zip Code 33166

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) **January 1 - May 1, Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

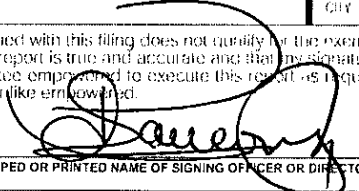
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Pancorvo, Victor</u> <u>7951 SW 40th Street # 206</u> <u>Miami, FL 33155</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>Relayze, Victor</u> <u>7951 SW 40th Street # 206</u> <u>Miami, FL 33155</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>Sattui, Eduardo</u> <u>7951 SW 40th Street # 206</u> <u>Miami, FL 33155</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like information.

SIGNATURE:  Date 305-261-6251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)