

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90157 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000034398**

1. Corporation Name
ANDEAN SPRING FLOWERS, INC.



Principal Place of Business: 201 S BISCAYNE BLVD, 1500 MIAMI CENTER, MIAMI FL 33131
 Mailing Address: 201 S BISCAYNE BLVD, 1500 MIAMI CENTER, MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 **8880 NW 24th Terrace**
 Suite, Apt. #, etc.: 22
 City & State: 23 **MIAMI, FL**
 Zip: 24 **33172** Country: 25 **USA**
 2a. Mailing Address: 26 **8880 NW 24th Terrace**
 Suite, Apt. #, etc.: 27
 City & State: 28 **MIAMI, FL**
 Zip: 29 **33172** Country: 30 **USA**

3. Date Incorporated or Qualified: **04/16/1997**
 4. FEI Number: **65-0748714** 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
 7. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI FL 33131

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: _____ (NOT: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D GUILLERMO DUENAS ITURRALDE 477 AVENIDA AMAZONAS, OFICINA 207 QUITO, ECUADOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D JUAN PABLO DUENAS MORENO 477 AVENIDA AMAZONAS, OFICINA 207 QUITO, ECUADOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	VP BUITRON, CARLOS H 8454 NW 14 ST CORAL SPRING FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Buitron, CARLOS A.
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **4/22/99** 305/718-9818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)