

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90035 002 ***150.00

DOCUMENT # P97000034398

1. Entity Name
ANDEAN SPRING FLOWERS, INC.

Principal Place of Business

8880 NW 24TH TERR
 MIAMI FL 33172

Mailing Address

8880 NW 24TH TERR
 MIAMI FL 33172

2. Principal Place of Business

2507 NW 72 Ave
 Suite, Apt. #, etc.

3. Mailing Address

2507 NW 72 Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida
 Zip 33122 Country 33122

City & State

Miami, Florida
 Zip Country

4. FEI Number **65-0748714**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	GUILLERMO DUENAS ITURRALDE
STREET ADDRESS	477 AVENIDA AMAZONAS, OFICINA 207
CITY-ST-ZIP	QUITO, ECUADOR
TITLE	D <input type="checkbox"/> Delete
NAME	JUAN PABLO DUENAS MORENO
STREET ADDRESS	477 AVENIDA AMAZONAS, OFICINA 207
CITY-ST-ZIP	QUITO, ECUADOR
TITLE	VP <input type="checkbox"/> Delete
NAME	BUITRON, CARLOS A
STREET ADDRESS	8454 NW 14 ST
CITY-ST-ZIP	CORAL SPRING FL 33071
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *Carlos Buitron* **CARLOS BUITRON** 2/28/01 (305) 708-9818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)