

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

0159532

**DOCUMENT # P99000043201**

1. Entity Name  
**ANDILU INVESTMENT CORPORATION**

03-19-2001 90067 039 \*\*\*150.00

Principal Place of Business <b>1390 BRICKELL AVENUE          SUITE 200          MIAMI FL 33131</b>	Mailing Address <b>1390 BRICKELL AVENUE          SUITE 200          MIAMI FL 33131</b>
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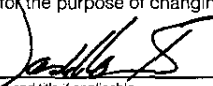


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0918878</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>CASTILLO, ALVARO B P.A.          1390 BRICKELL AVENUE          SUITE 200          MIAMI FL 33131</b>				7. Name and Address of New Registered Agent			
				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:  **Hugo De Hoffmann** 1-22-01  
Signature, typed or printed name of registered agent and title if applicable. (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>P/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DE HOFFMANN, HUGO ANSELMO</b>		NAME <b>Marina Andrea De Hoffmann</b>	
STREET ADDRESS <b>1390 BRICKELL AVENUE SUITE 200</b>		STREET ADDRESS <b>1390 Brickell Avenue, Suite 200</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		CITY-ST-ZIP <b>Miami, Florida 33131</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Hugo Anselmo De Hoffmann</b>	
STREET ADDRESS		STREET ADDRESS <b>1390 Brickell Avenue, Suite 200</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Miami, Florida 33131</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Cinthy Mora Fleischheker</b>	
STREET ADDRESS		STREET ADDRESS <b>1390 Brickell Avenue, Suite 200</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Miami, Florida 33131</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE:  **Hugo De Hoffmann** 1/22/01 (305) 371-5540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director Date Daytime Phone #

CR2E034 (10/00)