

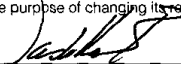
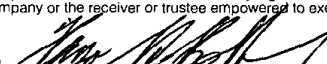
2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED
NOT FINAL

FILED
Sep 12, 2001 8:00 A.M.
Secretary of State

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000043201			
1. Entity Name Andilu Investment Corporation			
Principal Place of Business 1390 Brickell Avenue Suite 200 Miami, Florida 33131		Mailing Address 1390 Brickell Avenue Suite 200 Miami, Florida 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0918878		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Alvaro Castillo-B., P.A. 1390 Brickell Avenue, Suite 200 Miami, Florida 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 		DATE 8-30-01	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State			
9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE D/VP NAME STREET ADDRESS CITY-ST-ZIP	Hugo Anselmo De Hoffmann <input type="checkbox"/> Delete 1390 Brickell Avenue, Suite 200 Miami, Florida 33131	TITLE P/VP NAME T/S STREET ADDRESS CITY-ST-ZIP	Hugo Anselmo De Hoffmann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1390 Brickell Avenue, Suite 200 Miami, Florida 33131
TITLE P/T NAME STREET ADDRESS CITY-ST-ZIP	Marina A. De Hoffmann <input checked="" type="checkbox"/> Delete 1390 Brickell Avenue, Suite 200 Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Cinthya M. Fleischheker <input checked="" type="checkbox"/> Delete 1390 Brickell Avenue, Suite 200 Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400004602824-3 -09/20/01--01071--002 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 8/30/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # (305) 371-5540	

CR2E083 (11/00)