

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90119 038 \*\*\*158.75

DOCUMENT # **P 99000067889**

1. Entry Name  
**ANDES TOUR CORP-**

Principal Place of Business      Mailing Address  
**1920 E. Hallandale Beach**      **3056 NW 5th Street**  
**BLVD SUITE 804**      **MIAMI-FL 33125**  
**Hallandale, FL 33009**


**C0053113**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. # etc		<b>65-0945964</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
Zip	County	Zip	County	<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		<b>Ronald ALBRECHT</b>	
Street Address (P.O. Box Number is Not Acceptable)		<b>1486 SAN PIPER CIRCLE W.</b>	
City		State	Zip Code
<b>MIAMI</b>		<b>FL</b>	<b>33327</b>

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:  4/19/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See entries 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 True Fund Contributor <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE <b>PR. RONALD ALBRECHT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RONALD ALBRECHT</b>	<input checked="" type="checkbox"/>	NAME	
STREET ADDRESS <b>1486 SAN PIPER CIRCLE W</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33327</b>		CITY-ST-ZIP	
TITLE <b>SD LILIANA ALBRECHT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LILIANA ALBRECHT</b>	<input checked="" type="checkbox"/>	NAME	
STREET ADDRESS <b>1486 SAN PIPER CIRCLE W</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33327</b>		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	
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:  4/19/01      305-895-2886