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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SOPHIA B. MARTIN
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 12:14

DOCUMENT # **V73185** (3)
ANDEAN TOWER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 7220 NW 36TH ST, PH 627, MIAMI FL 33133, US
Mailing Address: 7220 NW 36TH ST, PH 627, MIAMI FL 33133, US

OR FIRST WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date of Incorporation/Qualified: 10/21/1992 | 3a. Date of Last Report: 04/18/1994 |
| 4. FEI Number: 65-0363885 | Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/> |
| 5. Certificate of Status Desired: <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for adoption for under 5-1989 (CFL Florida Statutes): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--------------------------------|
| 2. Principal Place of Business: 21 | 2a. Mailing Address: 26 |
| State Apt # etc: 22 | State Apt # etc: 27 |
| City & State: 23 | City & State: 28 |
| ZIP: 24 | ZIP: 29 |
| Country: 25 | Country: 30 |

9. Name and Address of Current Registered Agent
LIND, RICHARD J
2551 TIGERTAIL AVE
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Allowed):
83:
84 City, State, ZIP: **FL 85**

11. I, the undersigned, being the duly authorized officer or director of the corporation, hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this state and a member of the corporation. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(6), Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | |
|---|--|
| DP NAME: ORTIZ, PATRICIO C STREET ADDRESS: 7220 NW 36TH ST, PH 627 CITY, STATE, ZIP: MIAMI FL | |
| DV NAME: CHAVEZ, MILTON M STREET ADDRESS: 7220 NW 36TH ST, PH 627 CITY, STATE, ZIP: MIAMI FL | |
| ST NAME: CHAVEZ, MILTON M STREET ADDRESS: 7220 NW 36TH ST, PH 627 CITY, STATE, ZIP: MIAMI FL | |
| NAME: | |
| STREET ADDRESS: | |
| CITY, STATE, ZIP: | |
| NAME: | |
| STREET ADDRESS: | |
| CITY, STATE, ZIP: | |

| 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
|--|---|
| NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | |
| CITY, STATE, ZIP: | |
| NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | |
| CITY, STATE, ZIP: | |
| NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | |
| CITY, STATE, ZIP: | |
| NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | |
| CITY, STATE, ZIP: | |

14. I hereby certify that the individuals supplied with this filing are duly registered and have not equally for the corporation as stated in Sections 607.05(6), Florida Statutes. I further certify that the information indicated on this annual report of the corporation is true and correct and that the corporation shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the officer or director responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this report as an attachment with my address.

SIGNATURE: **Milton M Chavez**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/10/95