

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003735

**Entity Name:** ANDEAN RESEARCH INSTITUTE, INC.

**FILED**  
**Feb 18, 2017**  
**Secretary of State**  
**CC6851954601**

**Current Principal Place of Business:**

120 CASA MIRELLA WAY  
#1208  
WINDERMERE, FL 34786

**Current Mailing Address:**

120 CASA MIRELLA WAY  
#1208  
WINDERMERE, FL 34786 US

**FEI Number: 26-2545518**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BACHMEYER, THOMAS J DR.  
120 CASA MIRELLA WAY  
#1208  
WINDERMERE, FL 34786 US

*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: THOMAS J. BACHMEYER**

**02/18/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DC  
Name HERRERA, JOSE L  
Address 42765 CENTER STREET  
City-State-Zip: SOUTH RIDING VA 20152-3964

Title D  
Name SPIEGELMAN, MARTI  
Address 11044 PEAKS PIKE RD.  
City-State-Zip: SEBASTAPOL CA 95472-9303

Title DP  
Name BACHMEYER, THOMAS J DR.  
Address 120 CASA MIRELLA WAY  
#1208  
City-State-Zip: WINDERMERE FL 34786

Title D  
Name MACHENDRIE, CAROLE  
Address 120 CASA MIRELLA WAY  
#1208  
City-State-Zip: WINDERMERE FL 34786

Title D  
Name DEARBORN, CAROL  
Address 12 CARPENTER ST.  
City-State-Zip: SALEM MA 01970

Title D  
Name EMILY , ROTHMAN DR.  
Address 1112 SAN PEDRO NE  
270  
City-State-Zip: ALBECUERQUE NM 87110

Title D  
Name HERRERA, TATJANA  
Address 42765 CENTER STREET  
City-State-Zip: SOUTH RIDING VA 20152-3964

Title DIRECTOR  
Name RICHARDSON, DAVID  
Address 120 CASA MIRELLA WAY  
#1208  
City-State-Zip: WINDERMERE FL 34786

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS J. BACHMEYER**

**PRESIDENT**

**02/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RATCLIFF, REBECCA DR.  
Address 9040 152ND ST. N.  
City-State-Zip: HUGO MN 55038

Title DIRECTOR  
Name JOHNSTON, CINDY L  
Address 138 STRATHLORNE MEWS SW  
City-State-Zip: CALGARY ALBERTA T3H 1V1

Title DIRECTOR  
Name PRIETTO, CHRIS  
Address 1691 LA COLINA DRIVE  
City-State-Zip: SANTA ANA CA 92705