FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 3-28 96 B- 93809 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 562066 (1)

1. Corporation Name

ANDIAN PROPERTIES INC.

Principal Place of Business	Mailing Address
% RIDOBIL FLORIDA INC ~~8750 NW 87 AVE #660~~ MIAMI FL 33178 US	C/O RIDOBIL FLORIDA. INC ~~8750 NW 87TH AVE #660~~] MIAMI FL 33178 US

2. Principal Place of Business	2a. Mailing Address
21 % RIDOBIL FLORIDA INC.	26 % RIDOBIL FLORDA, INC.
Suite, Apt. #, etc. 22 8750 NW 36 STREET SUITE 200	Suite, Apt. #, etc. 27 8750 NW 36 Street SUITE 200
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33178 Country 25 USA	Zip 29 33178 Country 30 USA

3. Date Incorporated or Qualified: 03/15/1978
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-1860234 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RIDOBIL FLORIDA INC
~~3750 N W 87TH AVE~~
~~SUITE 660~~
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name: RIDOBIL FLORIDA, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 8750 N.W. 36 STREET
83 SUITE 200
84 City: MIAMI FL 85 Zip Code: 33178

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ March 25, 1996
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DAVIDSON, FERGUS M. JR. ~~8750 N W 87TH AVE #660~~ ~~MIAMI FL~~ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VSD DAVIDSON, FERGUS M. JR. 8750 N.W. 36 STREET SUITE 200 MIAMI, FL. 33178 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ MARCH 25, 1996 (305) 592-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FERGUS M. DAVIDSON JR. VSD
Date Daytime Phone #