2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 25, 2004 8:00 am Secretary of State DOCUMENT*# L03000013891 03-25-2004 90215 028 ****50.00 ANDRA INTERNATIONAL, LLC Principal Place of Business Mailing Address 1900 SW 3RD AVENUE MIAMI FL 33129 1900 SW 3RD AVENUE MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEL Number 169045 Applied For City & State City & State Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COSIO, SOFIA POWELL- ESQ Street Address (P.O. Box Number is Not Acceptable) 1900 SW 3RD AVENUE **MIAMI FL 33129** City 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. | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE **MGRM** TITLE Change Addition ☐ Delete NAME POWELL, AURORA BOTIFOL NAME 1900 SW 3RD AVENUE STREET ACCRESS STREET ADDRESS MIAMI FL 33129 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Defete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP

11. Thereby 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.

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED