

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # L64295 (3)**

1. Corporation Name  
**ANDESIA U.S.A., INC.**



Principal Place of Business  
**C/O GELACIO CORDERO**  
**801 BRICKELL AVENUE, 9TH FLOOR EAST**  
**MIAMI FL 33131**  
**US**

Mailing Address  
**501 BRICKELL KEY DRIVE**  
**410**  
**MIAMI FL 33131-2624**  
**US**

3. Date Incorporated or Qualified  
**04/06/1990**

3a. Date of Last Report  
**05/02/1996**

4. FEI Number  
**65-0194626**

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**CORDERO, GELACIO M.**  
**ONE BRICKELL SQ, 9TH FL. EAST**  
**801 BRICKELL AVE.**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name  
**MOGOLLON, CARLOS A.**

82. Street Address (P.O. Box Number is Not Acceptable)  
**501 BRICKELL KEY DR.**

83. Suite, Apt. #, etc.  
**SUITE # 603**

84. City  
**MIAMI**

85. Zip Code  
**FL 33131**

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 *[Signature]* **CARLOS A. MOGOLLON**  
 MANAGER

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SERRANO, MAURICIO</b>	
STREET ADDRESS	<b>501 BRICKELL KEY DR #410</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMIREZ, CLARA ISABEL</b>	
STREET ADDRESS	<b>501 BRICKELL KEY DR #410</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>SERRANO, MAURICIO</b>	
13. STREET ADDRESS	<b>501 BRICKELL KEY DR #603</b>	
14. CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
21. TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>RAMIREZ, CLARA I</b>	
23. STREET ADDRESS	<b>501 BRICKELL KEY DR #603</b>	
24. CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
31. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	<b>MOGOLLON, CARLOS A.</b>	
33. STREET ADDRESS	<b>501 BRICKELL KEY DR. #603</b>	
34. CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 its 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 *[Signature]* **CARLOS MOGOLLON**  
 MANAGER

DATE **4/28/97**

CR2E034 (9/96)