Aug 17 04 01:15p

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90008 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L64295

1. Entity Name
ANDESIA U.S.A., INC.

Principal Place of Business	Mailing Address
6920 N.E. 2ND AVE., SUITE 203 MIAMI SHORES, FL 33138 US	6920 N.E. 2ND AVE., SUITE 203 MIAMI SHORES, FL 33138 US
2. Principal Place of Business: CRA 42B #24-16	3. Mailing Address: Cra 42B #24-16
Suite, Apt # etc.	Suite, Apt # etc.
City & State: Bogota	City & State: Bogota
Zip / Country: Colombia	Zip / Country: Colombia

08172004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0194626 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERRANO, MAURICIO
791 CRANDO NBLVD #1106
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____

FILE NOW!!! FEE IS $150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	RAMIREZ, CLARA ISABEL	
STREET ADDRESS	791 CRANDON BLVD #1106	
CITY ST ZIP	KEY BISCAYNE, FL 33149	
TITLE	P	☐ Delete
NAME	SERRANO, MAURICIO	
STREET ADDRESS	791 CRANDON BLVD #1106	
CITY ST ZIP	KEY BISCAYNE, FL 33149	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change	☐ Addition

12. I hereby 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____ 08-17-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE