A	D LIABILITY COMPANY NNUAL REPORT 1999	K	DEPARTMENT OF STATE atherine Harris Secretary of State DN OF CORPORATIONS		divisio <b>99</b> Ap	RETARY OF STATE DIT OF CORPORATION
FILING \$ 188.	FEE Annual Report \$100. 75 Make Check Payab		ation Supplemental Fe			. 02
of Limit A	and Meiling Address led Liability Company  ANDEAN MARKETING 1432 NW 98TH AVER 11AMI FL 33178	GROUP, L.L	0	1a. Principal Pla 4432 NW MIAMI F	98TH #	AVENUE
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address		Date Organized or Qualified   3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		998	FL
City & State		City & State		4. FÉI Number		Applied Not Ap
Zip	Country	Zip	Country	5. Date of Last F	Report	6. Certificate of Status I \$8.75 Additional Fee Requi
	7. Name and Address of Curr	rent Registered Agent		B. Name and Addres	s of New Regis	stered Agent/Office
			City		FL	Zip Code
its register	ant to the provision of Sections 608.4 red office or registered agent, or both, in red agent, and accept the obligations	pathe State of Florida, Such	Statutes, the above-named limi change was authorized by affir	mative vote of a majori	submits this state ty of the membe	ement for the purpose of cl rs. I hereby accept the appo
its register as register	red office or registered agent, or both, in red agent, and accept the obligations	nutra State of Florida, Such	Statutes, the above-named limi	mative vote of a majori	tubmits this state ty of the membe	ement for the purpose of cl rs. I hereby accept the appo
Its register as register SIGNATU 10. Title	red office or registered agent, or both, ired agent, and accept the obligations IRE Hegistered Agent Acce	paths State of Florida, Such	Statutes, the above-named limit change was authorized by affiliated Agent signature required when terms.  Business Street Addre  2 NW 98TH AVE	mative vote of a majori	DATECity	ement for the purpose of cl rs. I hereby accept the appo rs. State and Zip Code
its register as register signatu 10. Title	red office or registered agent, or both, ired agent, and accept the obligations IRE Hegistered Agent Acce	paths State of Florida, Such	Statutes, the above-named limit change was authorized by affiling the state of the	mative vote of a majori	DATE	ement for the purpose of cl rs. I hereby accept the appo rs. State and Zip Code

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