2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State *DOCUMENT # **M44260** 1. Entity Name ELECTROMECANICA ANDINA, INC. 04-23-2001 90100 035 ***150.00 Principal Place of Business Mailing Address 2525 S.W. 3RD AVENUE C/O DARPEL INVESTMENTS, INC. 3510 CORAL WAY STE 200 3510 CORAL WAY STE 200 MIAMI FL 33129 MIAMI FL 33145 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 98-0055146 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RESTREPO. PEDRO LUIS Street Address (P.O. Box Number is Not Acceptable) 3510 CORAL WAY STE 200 **MIAMI FL 33145** 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. 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ۷D ☐ Addition TITLE ☐ Delete TITLE ARANGO, JORGE MARIO NAME STREET ADDRESS STREET ADDRESS 3510 CORAL WAY STE 200 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition TITLE ☐ Delete ☐ Change TITLE NAME ARANGO, CARLOS NAME STREET ADDRESS STREET ADDRESS 3510 CORAL WAY STE 200 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ---- Change TITLE ☐ Delete TITLE Addition -RESTREPO, PEDRO LUIS(A-S NAME NAME STREET ADDRESS STREET ADDRESS 3510 CORAL WAY STE 200 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITI E Change ☐ Addition NAME ARANGO, OLGA LUCIA NAME STREET ADDRESS 3510 CORAL WAY STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE Change ☐ Addition ARANGO, LUIS GUILLERMO NAME NAME STREET ADDRESS 3510 CORAL WAY STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empore

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16,2001

(305) 445-9555