2001 UNIFORM BUSINESS REPORT (UBR)

May 12, 2001 8:00 am § Secretary of State DOCUMENT # N99000002465 ANDES HOPE FOUNDATION, INC. 05-12-2001 90044 025 ****61.25 Principal Place of Business Mailing Address 8600 NW 53RD TERRACE 8600 NW 53RD TERRACE **STE 201** STE 201 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0934196 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) ROSILLO, FRANK 8600 NW 53RD TERRACE STE 201 Zip Code **MIAMI FL 33166** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ROSILLO, FRANK STREET ADDRESS STREET ADDRESS 8600 NW 53RD TERRACE STE 201 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** X Change Addition TITLE ☐ Delete TITLE. BROWN, WILLIAM J NAME NAME Brown, William J STREET ADDRESS STREET ADDRESS 777 BRIVKELL AVE STE 1114 777 Brickell Avenue, Suite 1114 CITY-ST-ZIP :: CITY-ST-ZIP MIAMI FL-33131 Miami FL 33131 Change ☐ Addition ☐ Delete TITI F TITLE DE MEDINA, JERVIAN D NAME NAME De Medina, Javier D STREET ADDRESS STREET ADDRESS CALACOTO CALLE 12 # 7908 Calacoto Calle 12 #7908 CITY-ST-ZIP CITY-ST-ZIP LAPEZ, BOLIVIA <u>La Paz. Bolivia</u> Delete ☐ Channe ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 suppliemental 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 recei changed, or on an attachmen er or trustee empowered to exute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP