MAY- 1-01 THU 3:08 PM SOBEL, GLACKMAN & SOBEL P FAX NO. 5/

FILED
Jul 12, 2001 8:00 am
Secretary of State
05-22-2001 90055 034 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037735

1. Entity Name

ANDES CONSTRUCTION GROUP, INC (LA)

9748

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1163 FAIRLAKE TRACE #1505 WESTON, FL 33326	1163 FAIRLAKE TRACE #1505 WESTON, FL 33326

2. Principal Place of Business	3. Mailing Address
19398 EAST CNTRY CLB DR	19398 EAST CNTRY CLB DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AVENTURA, FL	City & State: AVENTURA, FL
Zip: 33180 Country: U.S.A.	Zip: 33180 Country: U.S.A.

4. FEI Number — ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ILAN COHEN
1163 FAIRLAKE TRACE #1505
WESTON FL 33326

7. Name and Address of New Registered Agent

Name: ILAN COHEN
Street Address (P.O. Box Number is Not Acceptable): 150 BONAVENTURE BLVD. #111
City: WESTON FL Zip Code: 33326

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] 7/9/01
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

!!! FILE NOW !!! FEE IS $150.00 !!!
!!! After MAY 1, 2001, Fee Will be $550.00 !!!
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: ILAN COHEN STREET ADDRESS: 150 BONAVENTURE BLVD. #111 CITY-ST-ZIP: WESTON, FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: [signature] 5/1/01 7/9/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #