AMENDED

09-12-2002 90086 046 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

B0137654

DOCUMENT # P00000054355

1. Entity Name

Andina Graphic Equipment Corp.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8272 NW 195 Terrace	8272 NW 195 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl 33016	City & State: Miami, Fl 33016
Zip / Country	Zip / Country

4. FEI Number 65-1028967 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gustavo A. Murcia Sr.

Street Address (P.O. Box Number is Not Acceptable): 8272 NW 195 Terrace

City: Miami FL Zip Code: 33016

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] 9-10-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gustavo A Murcia Pres/Treas 8272 NW 195 Terrace Miami, Fl 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gustavo A. Murcia Jr. VP/Sect 8272 NW 195 Terrace Miami, Fl 33016
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Gustavo A Murcia Sr. 9-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #