2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: -

Feb 01, 2001 8:00 am DOCUMENT # P0000065467 **Secretary of State** 1. Entity Name AMER ANDES, INC. 02-01-2001 90109 050 ***150.00 Principal Place of Business Mailing Address 1101 BRICKELL AVENUE 1101 BRICKELL AVENUE SUITE 1100 SUITE 1100 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 72 AVG. 7236 N.W. 72 AVG. 7236 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1021647 Applied For City & State City & State FLORIDA FLORIDA MIAMI MIAMI . Not Applicable Country Zip 33166 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLANCA I. RUIZ PENA. J. DAVID Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE N.W. **SUITE 1100** MIAMI FL 33131 City MIAMI 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. BLANCA I. RUIZ e of registered ager and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. M Change ☐ Addition ☐ Delete TITLE TITLE GUEVARA, ALVARO **GUEVARA, ALVARO** NAME NAME 16951 S.W. 34 ST. 1101 BRICKELL AVENUE SUITE 1100 STREET ADDRESS STREET ADDRESS MIRAMAR FL. 33027 CITY-ST-7IP **MIAMI FL 33131** CITY-ST-ZIP TITLE ☐ Delete TITLE BLANCA I. RUIZ NAME NAME 7236 N.W. 72 AVG. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI - FL. 33166 Addition TITLE Delete TITLE ☐ Change DAVID RANSOME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

ALVARO GUEVARA DP 01/24/01