



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90029 038 ***158.75

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|---|--|---|---|---|--|
| DOCUMENT # P01000036127 1. Entity Name ANDINA FINE ART DEALERS, INC. | | | |  | |
| Principal Place of Business 5491 NW 72ND AVENUE MIAMI FL 33166 <i>5469 N.W. 72 ave.</i> | | | | Mailing Address 5491 NW 72ND AVENUE MIAMI FL 33166 | |
| 2. Principal Place of Business Suite, Apt. #, etc. MIAMI FL. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State 33166 | | City & State | | 4. FEI Number 65-1092912 | |
| Zip 33166 | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MONTOKA, MARIA E 5491 NW 72ND AVENUE MIAMI FL 33166 | | | | 7. Name and Address of New Registered Agent Name SAME. Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONTOKA, MARIA D 5491 NW 72ND AVENUE MIAMI FL 33166 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MONTOKA, MARIA E. 5469 N.W. 72 ave. MIAMI FL. 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> MARIA E. MONTOKA 04-12-04 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |