2006 FOR PROFIT CORPORATION

Apr 19, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-19-2006 90079 043 ***158.75 **DOCUMENT # P01000036127** ANDINA FINE ART DEALERS, INC. 40053132 Principal Place of Business Mailing Address 5469 NW 72 AVE. 5469 NW 72 AVE. MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Strite, Apt. #, etc. Suite, Apt. #, etc. 04172006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1092912 Not Applicable Country Zin 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 MONTOYA, MARIA E Street Address (P.O. Box Number is Not Acceptable) 5469 NW 72ND AVENUE MIAMI, FL 33166 -City 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Prostered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. nne D ☐ Delete TITLE ☐ Change ☐ Addition MONTOYA, MARIA D *** HALF STREET ADDRESS 5469 NW 72 AVE. STREET ADDRESS CTTY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition MULE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAF Delete nne ☐ Change ☐ Addition MANAGE NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP Delete TITLE mu ☐ Change ☐ Addition NAVÆ NAME STREET ADDRESS STREET ADORESS STY-ST-ZP CITY-ST-ZIP DILE □ Delete ☐ Change ☐ Addition STREET ADORESS SERFET ADORESS CITY-ST-ZIF CXTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAYE NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accupated 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.

C/TY-ST-ZIP

COTY-ST-ZIP

PARIA E HOUTOYA 04-14.06-305-888-885 Mallellele NATURE AND TYPED OR PRINTED I