2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93599 005 ***150.00

DOCUMENT # P01000083017

1. Entity Name

THE ANDES WINE SHOP & BAR, INC.

Principal Place of Business	Mailing Address
13180 N Cleveland Ave 132 Fort Myers, FL 33903	13180 N Cleveland Ave 132 Fort Myers, FL 33903

2. Principal Place of Business	3. Mailing Address
18228 West Dixie Hwy Suite, Apt. #, etc.	18228 West Dixie Hwy Suite, Apt. #, etc.
City & State: N Miami Beach, FL	City & State: N Miami Beach, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1148060 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NILO CONSULTING GROUP INC 13180 N Cleveland Ave 132 Fort Myers, FL 33903	Name: Alejandro Augusto Galli Street Address (P.O. Box Number is Not Acceptable): 18228 West Dixie Hwy City: N Miami Beach **FL** Zip Code: 33160

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete NAME Carlos P Marotta STREET ADDRESS Sarmiento 559 CITY-ST-ZIP Buenos Aires, BA. AR 1405	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE V ☒ Delete NAME Daniel P minuto Espil STREET ADDRESS Sarmiento 559 CITY-ST-ZIP Buenos Aires, BA. AR 1405	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE T ☐ Delete NAME Agustin C Marotta STREET ADDRESS Sarmiento 559 CITY-ST-ZIP Buenos Aires, BA. AR 1405	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE S ☐ Delete NAME Alejandro A Galli STREET ADDRESS 18228 West Dixie Hwy CITY-ST-ZIP N Miami Beach, FL 33160	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE V ☐ Change ☒ Addition XX NAME Gerardo Koch STREET ADDRESS Sarmiento 559 CITY-ST-ZIP Buenos Aires, BA. AR 1405
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (11/00)

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: _____ 04-22-02 (305) 792-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #