THE FOLLOWING LATE FEE AFTER MAY 1 IS $400.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 02 1997 8:00am
Secretary of State

DOCUMENT # P93000022374

1. Corporation Name
ANDINA DISTRIBUTORS, INC.

[redacted]

Principal Place of Business: 20195 NE 16 PL. 2ND FLOOR N MIAMI BEACH FL 33179

Mailing Address:

3. Date Incorporated or Qualified: 03/25/93

Date of Last Report: 05/01/1996

2. Principal Place of Business

21	
22 Suite, Apt. #, etc.	
23 City & State	
24 Zip	25 Country

2a. Mailing Address

26	PO BOX 490325
27 Suite, Apt. #, etc.	
28 City & State	KEY BISCAYNE, FL
29 Zip	33149-0325
30 Country	

4. FEI Number: 65-0663514 — ☐ Applied For ☐ Not Applicable

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

6. ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JERRY ZEONER
1948 NE 148 TERR
N. MIAMI, FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	MARIA E. MONTOYA	
STREET ADDRESS	305 GALEN DR #301	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	VP	☐ DELETE
NAME	GLORIA M. SIERRA M.	
STREET ADDRESS	3242 MARY ST #5	
CITY-ST-ZIP	COCONUT GROVE, FL.	
TITLE	SEC	☐ DELETE
NAME	JERRY ZEONER	
STREET ADDRESS	305 GALEN DR. #301	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

6-2-97

800002207488
-06/10/97--01047--019
***165.00

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ JERRY ZEONER, SEC. 4/25/97 305-446-2668

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