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May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000022374 (1)

1. Corporation Name  
ANDINA DISTRIBUTORS, INC.

Principal Place of Business  
20195 NE 18TH PLACE  
2ND FLOOR  
N MIAMI BEACH FL 33179

Mailing Address  
PO BOX 490325  
KEY BISCAYNE FL 33149-0325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1110 Brickell Avenue Suite, Apt. #, etc. 22 Suite 509 City & State 23 Miami, FL Zip 24 33131 Country 25 US	2a. Mailing Address 26 1110 Brickell Avenue Suite, Apt. #, etc. 27 Suite 509 City & State 28 Miami, FL Zip 29 33131 Country 30 US
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3. Date Incorporated or Qualified 03/25/1993	4. FEI Number 65-0663514	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

ZEDNER, JERRY  
1948 NE 148TH TERRACE  
N. MIAMI BEACH FL 33181

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

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 607.1505, Florida Statutes.

SIGNATURE: *[Signature]* Maria E. Montoya 4/27/98  
Signature, typed or printed name of Registered Agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	MONTOYA, MARIA E
STREET ADDRESS	305 GALEN DRIVE, #301
CITY-ST-ZIP	KEY BISCAYNE FL 33149-0325
TITLE	VP
NAME	SIERRA H., GLORIA M
STREET ADDRESS	3242 MARY STREET, #5
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	SEC
NAME	ZEDNER, JERRY
STREET ADDRESS	305 GALEN DRIVE, #301
CITY-ST-ZIP	KEY BISCAYNE FL 33149-0325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PSD
1.2 NAME	Montoya, Maria E
1.3 STREET ADDRESS	1110 Brickell Avenue, Suite 509
1.4 CITY-ST-ZIP	Miami, FL 33131
2.1 TITLE	VP
2.2 NAME	Sierra, Gloria M.
2.3 STREET ADDRESS	6753 S.W. 88 Street
2.4 CITY-ST-ZIP	Pinecrest, FL 33156
3.1 TITLE	SEC
3.2 NAME	Zedner, Jerry
3.3 STREET ADDRESS	1110 Brickell Avenue, Suite 509
3.4 CITY-ST-ZIP	Miami, FL 33131
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* Maria E. Montoya 4/27/98 (305) 373-9982  
Signature, typed or printed name of Registered Agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/97)