STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: 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.

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ANDINA DISTRIBUTORS, INC.

1110 BRICKELL AVE, SUITE 509 MIAMI, FL. 33131 TEL: 305-373-9982 FAX: 305-373-9990

July 13, 2000

Department of State Division of Corporations P O Box 6327 Tallahassee, Fl 32314 ATTN: Michele Milligan

RE: P93000022374 UBR

Dear Ms. Milligan:

Thank you for returning the call to our letter of June 19, 2000. I also want to thank you very much for your help and understanding.

As I mentioned to you, we received or bank statement yesterday and check #2074, written on 4/21/00, in the amount of \$158.75 paid to the order of the Department of State, still has not cleared.

We are placing a stop payment order with the bank (see copy enclosed) for this check and we are reissuing another one that accompanies this letter.

This check includes the fee for a Certificate of Status. Since the loss of the check is beyond our control, we would appreciate you waving the late fee.

Your help is greatly appreciated,

Jerry Zedner Secretary