FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000065886 (2)**

1. Corporate Name
ANDANTE INCORPORATED

Principal Place of Business	Mailing Address
20111 S.W. 103 AVE MIAMI FL 33189	20111 S.W. 103 AVE MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/16/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. # etc.	Suite Apt. # etc.
22	27
City & State	City & State
23	28
Zip	Country
24 / 25	29 / 30

4. FEI Number: 65-0445372 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for insurance tax under Chapter 628, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OROZCO, MAURICIO A 20111 S.W. 103 AVE MIAMI FL 33139	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 607.1502 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: MAURICIO A. OROZCO — MAURICIO A. OROZCO — 4/27/95
(Registered Agent signature required when applicable) (If registered agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1 TITLE	DP	11 TITLE	☐ Change ☐ Addition
1 NAME	OROZCO, MAURICIO A	12 NAME	
1 STREET ADDRESS	20111 S.W. 103 AVE	13 STREET ADDRESS	
1 CITY ST ZIP	MIAMI FL 33189	14 CITY ST ZIP	
2 TITLE	DS	21 TITLE	☐ Change ☐ Addition
2 NAME	WENCEL-STONE, ELIZABETH A	22 NAME	
2 STREET ADDRESS	20111 S.W. 103 AVE	23 STREET ADDRESS	
2 CITY ST ZIP	MIAMI FL 33189	24 CITY ST ZIP	
3 TITLE		31 TITLE	☐ Change ☐ Addition
3 NAME		32 NAME	
3 STREET ADDRESS		33 STREET ADDRESS	
3 CITY ST ZIP		34 CITY ST ZIP	
4 TITLE		41 TITLE	☐ Change ☐ Addition
4 NAME		42 NAME	
4 STREET ADDRESS		43 STREET ADDRESS	
4 CITY ST ZIP		44 CITY ST ZIP	
5 TITLE		51 TITLE	☐ Change ☐ Addition
5 NAME		52 NAME	
5 STREET ADDRESS		53 STREET ADDRESS	
5 CITY ST ZIP		54 CITY ST ZIP	
6 TITLE		61 TITLE	☐ Change ☐ Addition
6 NAME		62 NAME	
6 STREET ADDRESS		63 STREET ADDRESS	
6 CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this report is accurate and that such information complies with the requirements of Section 607.1622(2)(b), Florida Statutes. I further certify that the corporation named on this annual report or supplemental annual report is in good standing 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 above, or on an attachment with an arrow.

SIGNATURE: MAURICIO A. OROZCO, MAURICIO A. OROZCO — 4/27/95 — (305)378-6935
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0208344 CP