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 APR 20 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # P94000049627

1. Corporation Name
FRUTICOLA LOS ANDES INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3610 YACHT CLUB DR #1101 NORTH MIAMI BEACH FLORIDA 33180	3610 YACHT CLUB DR 1101 NORTH MIAMI BEACH FLORIDA 33180

3. Date Incorporated or Qualified: 07-5-94
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 21378 HARINA COVE CIRCLE	26 21378 HARINA COVE CIRCLE
Suite, Apt. #, etc. 22 15-B	Suite, Apt. #, etc. 27 15-B
City & State 23 NORTH MIAMI BEACH	City & State 28 NORTH MIAMI BEACH
Zip 24 33180 Country 25 USA	Zip 29 33180 Country 30 USA

4. FEI Number: ☒ 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

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTHA C. PALACIOS 3610 YACHT CLUB DR #1101 NORTH MIAMI BEACH, FL 33180	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 21378 HARINA COVE CIRCLE, 15-B 83 84 City NORTH MIAMI BEACH FL 85 Zip Code 33180

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: Martha C Palacios — MARTA C. PALACIOS — 04-06-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☒ Change ☐ Addition
NAME	OSCAR QUINTERO	12 NAME	
STREET ADDRESS	3610 YACHT CLUB DR #1101	13 STREET ADDRESS	21378 HARINA COVE CIRCLE 15-B
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	14 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180
TITLE	VP	21 TITLE	☒ Change ☐ Addition
NAME	ALBA N HERRERA DE QUINTERO	22 NAME	
STREET ADDRESS	3610 YACHT CLUB DR #1101	23 STREET ADDRESS	21378 HARINA COVE CIRCLE 15-B
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	24 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	4/20/95 MSP
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Oscar Quintero — 04-06-95 — (305) 945-0957
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
OSCAR QUINTERO
Date — Daytime Phone #