2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P98000024970 1. Entity Name 04-21-2004 90063 050 ***150.00 ANDES ELECTRIC INC. Principal Place of Business Mailing Address 2335 S.W. 27TH LANE MIAMI FL 33133 2335 S.W. 27TH LANE MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0816510 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDES, HERBERT K JR. Street Address (P.O. Box Number is Not Acceptable) 2335 S.W. 27TH LANE MIAMI FL 33133 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PVST** TITLE ☐ Change Addition TITLE ☐ Delete ANDES, HERBERT K JR. NAME NAME STREET ADDRESS 2335 S.W. 27TH LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-7IP TITLE D ☐ Delete ☐ Change Addition ANDES, HERBERT K JR. NAME STREET ADDRESS 2335 S.W. 27TH LANE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33133** CITY-ST-ZIP Addition ☐ Delete Change: HAME ANDES, SYLVIA M -NAME -STREET ADDRESS STREET ADDRESS 2335 SW 27 LN CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 10 or Block 11 if

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changed, or on an attachment with an address, with all other like empowered.