## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

SIGNATURE:

DOCUMENT # P98000074961

1. Corporation Name

Andrean Organics Inc.

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90011 011 \*\*\*150.00

Principal Place of Business	Mailing Address					
17.3455W 123 ST	. 7345 SW	123	S7.			
E1 23150	73455W 12357. 73455W 12357. Miomi FL 33156 Miomi FL 33156			DO NOT WRITE IN THIS SPACE		
Miomith Dolla			_	3. Date Incorporated or Qualifed	113 STACE	
				8/27/199	ያ	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		plied For
21}	26			65-086/077	— — — — — — — — — — — — — — — — — — —	t Applicable
Suite, Apt. #. etc.	Suite, Apt. #, etc.				\$8.75 A	Additional
22	27		-	5. Certificate of Status Desired	Fee Re	quired
City & State	City & State			6. Election Campaign Financing	\$5.00	
23	28		<del></del>	Trust Fund Contribution	Added to	o Fees
Zip Country	Zip	Countr	У	8. This corporation owes the current year		[Tale
25		30		Personal Property Tax.  10. Name and Address of New Register		□No
9. Name and Address of Curre	ant Kegistered Agent	8-	Name	10. Name and Address of New Register	su Agont	<del></del>
Virginia Meagan	<del>*</del> *					
Virginia Reagan 7345 SW 123 S Miami FL 331	7. 151	8:		ress (P.O. Box Number is Not Acceptable)		
Miam, FL 331	<i>-</i>	83	5			
		84	City		85 Zip C	ode
·			<u> </u>		L	1-42-1-4
agent. I am familiar with, and accept the oblig	e of Florida. Such change was au	uthorized by	the corporation	on's board of directors. I hereby accept the ap	pointment as reg	jistered
SIGNATURE Signature, typod or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Age	ant signature require	ad when reinstating) DATE		
12. OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
THLE P	☐ DELETE	1.1 TITLE			Change	Addition
AME Virginia Magan TREELADORESS 7345 SW 12357		1.2 NAME				
STREET ADDRESS 7345 50 72		1.3 STREE	ETADDRESS			
CITY-ST-ZIP Miami 1-2	33736	1.4 CITY-	ST-ZIP			171 Addition
TITLE VP	☐ DELETE	2.1 TITLE			Change	Addition
NAME  KEVIN REGGON 7345 SW12 7345 SW12 Miam: FL 3 MIAME  Tavier Horiado	3 57	2.2 NAME				
STREET ADDRESS 7345		1	ET ADDRESS			
CITY-S1-71P	3 3/3 €	2.4 CITY- 3.1 TIRE	ST-ZIP		☐ Change —	Addition
THE DY	□ pereie					
NAME Savier Horiado		3.2 NAME	į.			
SIREET MODRESS La Paz- Bolivia	•		ET ADDRESS			
CITY-S1-ZIP	☐ DELETE	3.4. CITY- 4.1 71%E	SI-ZIP		[ ] Change	Addition
TITLE NAME		4. 2 NAME	. ]		<u> </u>	<del></del>
STREET ALDRESS		1	T ADDRESS			
CITY-ST-2IP		4.4 CITY-	1			
OTLE	☐ DELETE	5.1 TITLE			[] Change	Addition
NAME		5.2 NAME				
STREET ADDRESS	,	5.3 STREE	TADDRESS			
CITY-ST-ZIP		5.4 Cff Y-5	ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE			Change	Addition
NAME		62 NAME		1		
STREET ADDRESS		63 STREE	TADDRESS			
CITY-ST-ZIP		6.4 CITY-				£
14. Thereby certify that the information supplied windicated on this annual report or supplements officer or director of the corporation or the reciblock 12 or Block 13 if changed, or on an atta	al annual report is true and accur eiver or trustee empowered to ex	rate and tha cecute this i	it my signature report as requi	Section 119.07(3)(i), Florida Statutes, I further e shall have the same legal effect as if made usered by Chapter 607, Florida Statutes; and that	nuer vaut, mart	ann an

TREAM TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR