2000 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2000 8:00 am Secretary of State DOCUMENT # **P99000105526** ANDEAN ARTS & CRAFTS OF WEST PALM BEACH, INC. 09-12-2000 90016 021 ***550.00 Mailing Address Principal Place of Business 3416 SOUTH DIXIE HIGHWAY 3416 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 80105989 3. Mailing Address 2. Principal Place of Business 3916 South Dixie Higher 416 S. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANCHEZ HERNANDO R Street Address (P.O. Box Number is Not Acceptable) 4190 SW 74 COURT **MIAMI FL 33155** City Fl 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 . 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. . 11. ☐ Addition PD ☐ Change TITLE ☐ Delete TITLE HERRERA , CARLOS NAME HERRERA, CARLOS E 3416 South Dixie STREET ADDRESS STREET ADDRESS 3416 SOUTH DIXIE HIGHWAY 3340S CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE ☐ Delete TITLE VIGOYA, MERY E HOY NAME NAME VIGOYA, MERY E STREET ADDRESS STREET ADDRESS 3416 SOUTH DIXIE HIGHWAY CITY-ST-ZIP Palm Brach CITY-ST-ZIP WEST PALM BEACH FL 33405 Change : Addition **Delete** TITLE TITLE -1-5-T-0+1-25 BAEZ DANIEL A NAME 4190 SW 34 Co STREET ADDRESS STREET ADDRESS 4190 SW 74 COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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. 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 pepert 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-20-00

(561) 835-836

Daytime Phone #