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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # \$78807** 

(2)

AMERICAN ANDES, INC. Principal Place of Business Mailing Address 9150 S.W. 112TH STREET 9150 S.W. 112TH STREET MIAMI FL 33176 MIAMI FL 33176-3667 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996 09/06/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0294077 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032. Yes 🔲 No Florida Statutes 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEASON, J. EDUARDO 9150 S.W. 112TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176 83 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typica or ponted name of registered agent and the if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE 1.1 TITLE Change Addition THE WEASON, J. EDUARDO 1.2 NAME MAME 9150 S.W. 112TH STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 1.4 CITY - ST - ZIP CITY - ST - ZH DELETE Change Addition 21 TITLE TITLE 22 NAME NAV STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CHY-SI-74 DELETE Change Addition HIFLE 3.1 TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIF ☐ DELETE 4.1 TITLE Change Addition DHE 4 2 NAME NAME 4.3 STREET ADDRESS STELE! ADORESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition THE 5.2 NAME NAME 53 STREET ADDRESS STREET AUDRESS 5.4 CITY - ST - ZIP CHY-51-ZIP DELETE Change Addition THILE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do 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 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 attaching with an address. 5. Eduando Wenson

64 CITY-ST-ZIP

SIGNATURE:

CITY-S1-762

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

**FILED** 

May 01 1997 8:00am

Secretary of State