

**ANNUAL REPORT
1995**

State of Florida
Secretary of State
DIVISION OF CORPORATIONS

95 APR -3 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V47692 (1)

1. Corporation Name
ANDES AERO, INC.

Principal Place of Business

Mailing Address

P O BOX 680817
MIAMI SPRINGS FL 33266
US

P O BOX 680817
MIAMI SPRINGS FL 33266
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/02/1992** 3a. Date of Last Report **03/18/1994**

4. FEI Number **65-0359262** 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOCAMPO, ELENA
125 E 18TH ST.
HALEAH FL 33010**

81 Name **ROBERT CASTANO**
82 Street Address (P.O. Box Number is Not Acceptable) **15013 S.W. 142nd Court**
83
84 City **MIAMI** FL 85 Zip Code **33186**

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

Robert Castano
Signature, typed or printed name of registered agent, and date of appointment.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **DOCAMPO, ELENA**
STREET ADDRESS **125 E 18TH ST.**
CITY- ST- ZIP **HALEAH FL**

1.1 TITLE **D** Change Addition
1.2 NAME **ROBERT CASTANO**
1.3 STREET ADDRESS **15013 S.W. 142nd COURT**
1.4 CITY- ST- ZIP **MIAMI, FL. 33186**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **800001449058**
3.4 CITY- ST- ZIP **-04/06/95--01032--001**
*******200.00 *****200.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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, checked, or on an attachment with an address.

SIGNATURE:

Robert Castano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CASTANO

3-15-95 (305)477-9745

Date

Telephone Number