


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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90097 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 460125

1. Corporation Name
COLOMBIAN CARNATIONS, INC.

Principal Place of Business 8298 N.W. 21ST ST MIAMI FL 33122	Mailing Address 8298 N.W. 21ST ST MIAMI FL 33122
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21		26	08/26/1974	59-1552231	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27	A2-3	<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		28	Westlake Village, CA	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	
24		29	91361	30	USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
RODRIGUEZ, RITA M. 4750 NW 98 PLACE MIAMI FL 33172				81	Name			Corporation Service Company		
				82	Street Address (P.O. Box Number is Not Acceptable)			1201 Hays Street		
				83	City			Tallahassee	FL	85 Zip Code
				84						32301

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 (See Attached) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, RITA M.	1.2 NAME	DeLorenzo, David A.
STREET ADDRESS	4750 NW 98 PLACE	1.3 STREET ADDRESS	31365 Oak Crest Drive
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Westlake Village, CA 91361
TITLE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, RAUL	2.2 NAME	Nielson, Patrick A.
STREET ADDRESS	11789 SW 18 ST.	2.3 STREET ADDRESS	31365 Oak Crest Drive
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Westlake Village, CA 91361
TITLE	PM <input type="checkbox"/> DELETE	3.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOZA, LOURDES	3.2 NAME	
STREET ADDRESS	5577 NW 105 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Macia, Evelyn
STREET ADDRESS		4.3 STREET ADDRESS	2200 NW 70th Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Tibbitts, J. Brett
STREET ADDRESS		5.3 STREET ADDRESS	31365 Oak Crest Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Westlake Village, CA 91361
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Nicols, Janice M.
STREET ADDRESS		6.3 STREET ADDRESS	31365 Oak Crest Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Westlake Village, CA 91361

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE: Janice M. Nicols 3/30/99 818-879-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F034 (1-1-98)