

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90097 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1974

4. FEI Number

59-1552231

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 31365 Oak Crest Drive

Suite, Apt. #, etc.

27 A2-3

City & State

28 Westlake Village, CA

Zip

91361

Country

30 USA

9. Name and Address of Current Registered Agent

RODRIGUEZ, RITA M.  
4750 NW 98 PLACE  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code

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)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

CD  
RODRIGUEZ, RITA M.  
4750 NW 98 PLACE  
MIAMI FL

☒ DELETE

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

DST  
HERNANDEZ, RAUL  
11789 SW 18 ST.  
MIAMI FL

☒ DELETE

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

PM  
ESPINOZA, LOURDES  
5577 NW 105 COURT  
MIAMI FL

☐ DELETE

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/V

☐ Change ☒ Addition

1.2 NAME

DeLorenzo, David A.

1.3 STREET ADDRESS

31365 Oak Crest Drive

1.4 CITY-ST-ZIP

Westlake Village, CA 91361

2.1 TITLE

D/V

☐ Change ☒ Addition

2.2 NAME

Nielson, Patrick A.

2.3 STREET ADDRESS

31365 Oak Crest Drive

2.4 CITY-ST-ZIP

Westlake Village, CA 91361

3.1 TITLE

D/P

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE

T

☐ Change ☒ Addition

4.2 NAME

Macia, Evelyn

4.3 STREET ADDRESS

2200 NW 70th Avenue

4.4 CITY-ST-ZIP

Miami, FL 33122

5.1 TITLE

S

☐ Change ☒ Addition

5.2 NAME

Tibbitts, J. Brett

5.3 STREET ADDRESS

31365 Oak Crest Drive

5.4 CITY-ST-ZIP

Westlake Village, CA 91361

6.1 TITLE

AS

☐ Change ☒ Addition

6.2 NAME

Nicols, Janice M.

6.3 STREET ADDRESS

31365 Oak Crest Drive

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

818-879-6600

Daytime Phone #

CR2F034 (1-1/98)

0178017