

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:02

DOCUMENT # 731049 (3)

1. Corporation Name

COLOMBIAN VOLUNTEER LADIES, INCORPORATED

Principal Place of Business

Mailing Address

C/O AMANDA I. PATINO
108 PALOMA DR.
CORAL GABLES FL 33143
US

C/O AMANDA I. PATINO
108 PALOMA DR.
CORAL GABLES FL 33143
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1974

3a. Date of Last Report

05/01/1994

4. FBI Number

51-0154982

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

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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 c/o Rosa Elena Calle

26 c/o Rosa Elena Calle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 340 Harbor Drive

27 340 Harbor Drive

City & State

City & State

23 Key Biscayne, Fl.

28 Key Biscayne, Fl.

Zip

Country

Zip

Country

24 33149

25 US

29 33149

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERSON, SAMUEL B
6300 SW 110TH STREET
MIAMI FL 33156

81 Name

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

83

84 City

FL

85

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PATINO, AMANDA I
STREET ADDRESS 108 PALOMA DR.
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
Calle, Rosa Elena
340 Harbor Drive
Key Biscayne, Fl.

Change Addition

TITLE VPD
NAME CALLE, ROSA ELENA
STREET ADDRESS 340 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAYNE FL

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

VPD
Kiger, Mabel
1627 Brickell Ave. #2405
Miami, Fl.

Change Addition

TITLE S
NAME MCNIGHT, ELSA
STREET ADDRESS 15225 S.W. OLD CUTLER ROAD
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

S
Giraldo, Eugenia
1707 Cleveland Road
Miami Beach, Fl.

Change Addition

TITLE TD
NAME PIERSON, TERESA
STREET ADDRESS 6300 SW 110TH ST.
CITY-ST-ZIP MIAMI FL

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

TD
Pierson, Teresa
6300 SW 110th. St.
Miami, Fl.

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosa Helena de Calle* ROSA HELENA DE CALLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-95, 361-6645

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