

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **731049 (3)**
1. Corporation Name
COLOMBIAN VOLUNTEER LADIES, INCORPORATED

Principal Place of Business
**40 Rosa Helena Calle
340 HARBOR DRIVE
Key Biscayne, Fl. 33149
US**

Mailing Address
**40 Rosa Helena Calle
340 HARBOR DRIVE
Key Biscayne, Fl. 33149
US**

3. Date Incorporated or Qualified **10/30/1974** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business 40 Gloria V. Quintero	26	2a. Mailing Address 40 Gloria V. Quintero	4.	FEI Number 51-0154982	Applied For	
	Suite, Apt. #, etc. 7050 SW 107th Street		Suite, Apt. #, etc. 7050 SW 107th Street	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State MIAMI, FL.	28	City & State MIAMI, FL.	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip 33156	25	Country US	29	Zip 33156	30	Country US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent PIERSON, Samuel B. 6300 SW 110th Street MIAMI, FL. 33156				10. Name and Address of New Registered Agent			
81	Name CORRIGAN, JOHN			85	Zip Code 33155		
82	Street Address (P.O. Box Number is Not Acceptable) 6230 SW 49th Street						
83							
84	City MIAMI			85	State FL		

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE **JOHN CORRIGAN** *John Corrigan* DATE **04/29/1996**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input checked="" type="checkbox"/> DELETE		11 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Calle, Rosa Helena			12 NAME	Quintero, Gloria V.		
STREET ADDRESS	340 Harbor Drive			13 STREET ADDRESS	7050 SW 107th Street		
CITY-ST-ZIP	Key Biscayne, Fl.			14 CITY-ST-ZIP	MIAMI, FL. 33156		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		21 TITLE	VPD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Kiger, Mabel			22 NAME	CANEDO, Silvia		
STREET ADDRESS	1627 Brickell Ave. #2405			23 STREET ADDRESS	251 GALEN DRIVE		
CITY-ST-ZIP	MIAMI, FL.			24 CITY-ST-ZIP	Key Biscayne, Fl. 33149		
TITLE	S	<input checked="" type="checkbox"/> DELETE		31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIRALDO, Eugenia			32 NAME	RODRIGUEZ, MariaCristina		
STREET ADDRESS	1707 Cleveland Rd.			33 STREET ADDRESS	13255 SW 103 Terrace		
CITY-ST-ZIP	MIAMI BEACH, FL.			34 CITY-ST-ZIP	MIAMI, FL. 33186		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		41 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Pierson, Teresa			42 NAME	PALACIO, Maria Teresa		
STREET ADDRESS	6300 SW 110th St.			43 STREET ADDRESS	8730 SW 51 Street		
CITY-ST-ZIP	MIAMI, FL.			44 CITY-ST-ZIP	MIAMI, FL. 33165		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME	200001860582		
STREET ADDRESS				53 STREET ADDRESS	-06/12/96--01129--011		
CITY-ST-ZIP				54 CITY-ST-ZIP	***61.25		
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME	500001860585		
STREET ADDRESS				63 STREET ADDRESS	-06/12/96--01129--012		
CITY-ST-ZIP				64 CITY-ST-ZIP	***8.75		

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

SIGNATURE: **Gloria V. Quintero** *Gloria V. Quintero* DATE: **4/29/96** (305) **662-4256**

CR2E037 (12/95)