


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731049 (3)
1. Corporation Name
COLOMBIAN VOLUNTEER LADIES, INCORPORATED



Principal Place of Business		Mailing Address	
C/O GLORIA V. QUINTERO 7050 SW 107TH STREET MIAMI FL 33156 US		C/O GLORIA V. QUINTERO 7050 SW 107TH STREET MIAMI FL 33156 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

3. Date Incorporated or Qualified	10/30/1974	
4. FEI Number	51-0154982	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORRIGAN, JOHN
6230 SW 49TH STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD QUINTERO, GLORIA V.	1.1 TITLE	
NAME	7050 SW 107TH STREET	1.2 NAME	
STREET ADDRESS	MIAMI FL 33156	1.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	VPD CAICEDO, SLVIA	2.1 TITLE	VPD
NAME	251 GALEN DR.	2.2 NAME	FABRE, Maria Teresa
STREET ADDRESS	KEY BISCAYNE FL 33149	2.3 STREET ADDRESS	9405 S.W. 91 Street
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	TD RODRIGUEZ, CRISTINA MARIA	3.1 TITLE	TD
NAME	13255 SW 103 TERRACE	3.2 NAME	RIGER, Maria Isabel
STREET ADDRESS	MIAMI FL 33186	3.3 STREET ADDRESS	1627 Brickell Ave. Apt. 2405
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	S MONSALVE, MARIA E	4.1 TITLE	
NAME	4919 SW 147TH CT	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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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 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) 4/22/98 (305) 662-4256

CP2E037 (10/97)