

FILE NOW: FILING FEE IS \$61.25

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Jun 18 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 # 762452 (1)

1. Corporation Name
CLUB COLOMBIA DE TAMPA, INC.



Principal Place of Business 7820 N. ARMENIA AVENUE TAMPA FL 33604 US	Mailing Address P.O. BOX 151873 TAMPA FL 33684
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3. Date Incorporated or Qualified 03/17/1982	
4. FEI Number 59-2381121	Applied For <input type="checkbox"/> Not Applicable
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	

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
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**SAMPER PENA, CAROLINE
7820 N. ARMENIA AVENUE
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAMPER-PENA, CAROLINA	
STREET ADDRESS	7820 N. ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARVAEZ, FABIO	
STREET ADDRESS	P.O BOX 261441 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORENO, HERNANDO	
STREET ADDRESS	4023 RIVERVIEW AVENUE, APT. 204	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FERRER, MARIA VICTORIA	
STREET ADDRESS	7814 SANIBELL DR.	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PERDOMO, JORGE	
STREET ADDRESS	8247 DONALDSON DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAVIRA, JORGE	
STREET ADDRESS	5303 HARBORSIDE DR.	
CITY-ST-ZIP	TAMPA FL 33615	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**D Rodriguez Hector
8917 West Bay Blvd.
Tampa, FL 33615**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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.

CR2E037 (10/97)