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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762452

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/17/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2381121
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAMPER PENA, CAROLINE 7820 N. ARMENIA AVENUE TAMPA FL 33604				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPER-PENA, CAROLINA	1.2 NAME	
STREET ADDRESS	7820 N. ARMENIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARVAEZ, FABIO	2.2 NAME	
STREET ADDRESS	P.O BOX 261441 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, HERNANDO	3.2 NAME	<i>TD</i>
STREET ADDRESS	4023 RIVERVIEW AVENUE, APT. 204	3.3 STREET ADDRESS	<i>Hernando Moreno</i>
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	<i>- 11012 WINGATE DR</i>
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRER, MARIA VICTORIA	4.2 NAME	
STREET ADDRESS	7614 SANIBELL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDOMO, JORGE	5.2 NAME	
STREET ADDRESS	8247 DONALDSON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, HECTOR	6.2 NAME	
STREET ADDRESS	8197 WEST BAY BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *4-12-99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)