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APPROVED
AND
FILED

00 JUN 20 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COLOMBIAN AMERICAN CIVIC COUNCIL, INC.

Mailing Address
PO BOX 677285
ORLANDO FL 32867

100004484971--8

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
400 S RAPIDS CT.		P.O. Box 720366	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
at Cascade Oaks			
City & State		City & State	
ORLANDO, FLORIDA		Orlando, Florida	
Zip	Country	Zip	Country
32822-7780	Orange	32872-0366	Orange

3. Date Incorporated or Qualified 07/30/1997 900003305083--r

4. FEI Number
59-3466399

-06/26/00--11148
***1058.75 *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
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8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

BOLIVAR, WILLIAM
5240 E. COLONIAL DR.
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81	Name	Harold F. Delgado
82	Street Address (P.O. Box Number is Not Acceptable)	4005 Rapids Court
83		at Cascade Oaks
84	City	Orlando
		FL 85

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
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

VICKY ARENAS DIRECTOR ☒ DELETE,
VICKY ARENAS
6375 W. IRLO BRONSON MEM. #1
Kissimmee, FL 34747

1.1 TITLE	President ^{DIR}	☐ Change	☒ Addition
1.2 NAME	Harold F. Delgado		
1.3 STREET ADDRESS	4005 Rapids Court		
1.4 CITY AND STATE	Orlando Florida 32822-7780		

DIRECTOR
ROGER CORRALES
463 E. Altamonte Drive
Altamonte Springs FL 32701

2.1 TITLE	Vice-President, D/R	☐ Change	☒ Addition
2.2 NAME	Carlos A. London		
2.3 STREET ADDRESS	5303 E. Colonial Drive		
2.4 CITY, ST, ZIP	Orlando, Florida 32807		

1. NAME: DIRECTOR
RODRIGO E. HEVERRY
222 Hazard St.
Orlando, FL 32804

3.1 TITLE	Fiscal	☐ Change	☒ Addition
3.2 NAME	William A. Bolivar		
3.3 STREET ADDRESS	5240 East Colonial Drive		
3.4 CITY AND STATE	Orlando, Florida 32807		

ADDRESS DIRECTOR MIGUEL A. ALVAREZ ☒ DELETE
300 S.R. 436, South Semoran
Orlando, FL 32807

4.1 TITLE	Treasurer, D.R.	☐ Change	☒ Addition
4.2 NAME	Alvaro Morales		
4.3 STREET ADDRESS	10516 Ramblewood Rd		
4.4 CITY, ST, ZIP	Orlando, Florida 32837		

DIRECTOR
FERNANDO TORO
3036 North Goldenrod Road
Winter Park, FL 32792

5.1 TITLE	Secretary	☐ Change	☒ Add/Info
5.2 NAME	MARTHA RODRIGUEZ		
5.3 STREET ADDRESS	10130 TRILLIUMS DR.		
5.4 CITY-ST-ZIP	ORLANDO FL 32825		

DIRECTOR
FRANCISCO ROMAN
5448 Hoffner Ave
Orlando FL 32812

6.1 TITLE	Sub-Secretary.	☐ Change	☒ Addition
6.2 NAME	Marjorie AGUIRRE		
6.3 STREET ADDRESS	2929 South Semoran		
6.4 CITY, ST, ZIP	Orlando FL 32822		

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 association or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE:

SIGNATURE REQUIRED President

nb. 20 2000 273-4188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (5/98)