SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1998

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

APPROVED AND FILED
00 JUN 20 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

010510

DOCUMENT # N01000005058-(0)

1. Corporation Name
COLOMBIAN AMERICAN CIVIC COUNCIL, INC.

900003305089--0
-06/26/00--01140--012
***1058.75 ****367.50
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 677385 ORLANDO FL 32867	PO BOX 677385 ORLANDO FL 32867

3. Date Incorporated or Qualified: 07/30/1997

2. Principal Place of Business: 4005 RAPIDS CT.
Suite, Apt. #, etc.: at Cascade Oaks
City & State: ORLANDO, FLORIDA
Zip: 32822-7780 Country: Orange

2a. Mailing Address: P.O. Box 720366
Suite, Apt. #, etc.:
City & State: Orlando, Florida
Zip: 32872-0366 Country: Orange

4. FEI Number: 59-3466398 (Applied For / Not Applicable)

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes ☐ No

9. Name and Address of Current Registered Agent
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 Zip Code: 32822-7780

11. Pursuant to the provisions of section 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 _____ 06-20-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DIRECTOR ☐ DELETE VICKY ARENAS 6375 W. IRLO BRONSON MEM. HWY KISSIMMEE, FL 34747	1.1 TITLE President ☐ Change ☐ Addition 1.2 NAME Harold F. Delgado 1.3 STREET ADDRESS 4005 Rapids Court 1.4 CITY-ST-ZIP Orlando, Florida 32822-7780
DIRECTOR ☐ DELETE ROGER CORRALES 963 E. Altamonte Drive Altamonte Springs, FL. 32701	2.1 TITLE Vice-President ☐ Change ☐ Addition 2.2 NAME Carlos A. Landon 2.3 STREET ADDRESS 5303 E. Colonial Drive 2.4 CITY-ST-ZIP Orlando, Florida 32807
DIRECTOR ☐ DELETE RODRIGO ECHEVERRY 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-ST-ZIP Orlando, Florida 32807
DIRECTOR ☐ DELETE MIGUEL A. ALVAREZ 300 S.R. 436, South Semoran Orlando, FL 32807	4.1 TITLE Treasurer ☐ Change ☐ Addition 4.2 NAME Alvaro Morales 4.3 STREET ADDRESS 10516 Ramblewood Rd 4.4 CITY-ST-ZIP Orlando, Florida 32837
DIRECTOR ☐ DELETE FERNANDO TORO 3036 North Goldenrod Road Winter Park, FL 32792	5.1 TITLE Secretary ☐ Change ☐ Addition 5.2 NAME MARTHA RODRIGUEZ 5.3 STREET ADDRESS 10130 TRILLIUMS DR. 5.4 CITY-ST-ZIP ORLANDO, FL. 32825
DIRECTOR ☐ DELETE 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

CR2E034 (5/98)

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

SIGNATURE: SIGNATURE REQUIRED HAROLD F. DELGADO President 06, 20 2000 (407) 273-4188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #