


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 OCT 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham / Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005167 (0)
 1. Corporation Name
HOLLYWOOD COLOMBIAN-AMERICAN LIONS CLUB, INC.

Principal Place of Business 3015 N OCEAN BOULEVARD SUITE C-117 FORT LAUDERDALE FL 33308	Mailing Address 10590 SW 100 ST MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 11/01/1995	3a. Date of Last Report 07/02/1996
4. FEI Number APPLIED FOR 65-0787817	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
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
**MANTILLA, JAIME E
 10590 SW 100 STREET
 MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	400002330074-1
83	-10/27/97-01160-003
84 City	*****61.25 *****61.25 FL 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIERRA, BLANCA	
STREET ADDRESS	3015 N OCEAN BOULEVARD C-117	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARRILLO, ANDY	
STREET ADDRESS	3530 MYSTIC POINTE DR #2203	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CARRILLO, NOHRA	
STREET ADDRESS	3530 MYSTIC POINTE DR #2203	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MANTILLA, JAIME	
STREET ADDRESS	10590 SW 100 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BERNSDORFF, JUTTA	
STREET ADDRESS	641 SW 3RD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KANTER, IRVING	
STREET ADDRESS	6155 LA GORCE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARLOS Sierra	
1.3 STREET ADDRESS	6190 NW 32 Terr.	
1.4 CITY-ST-ZIP	FT. Lauderdale FL 33309	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HERMAN Rodriguez	
2.3 STREET ADDRESS	2239 NOVA DR.	
2.4 CITY-ST-ZIP	DAVIE FL 33317	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	YARCE Omar	
3.3 STREET ADDRESS	10836 MORNINGSTAR DR.	
3.4 CITY-ST-ZIP	Cooper City, FL 33026	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CARRILLO ANDY	
4.3 STREET ADDRESS	3530 MYSTIC Pte DR. 2203	
4.4 CITY-ST-ZIP	AVENTURA, FL 33180	
5.1 TITLE	SIERRA BLANCA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	3015 N. OCEAN BLVD C-117	
5.3 STREET ADDRESS	FORT LAUDERDALE FL. 33308	
5.4 CITY-ST-ZIP		
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MANTILLA JAIME	
6.3 STREET ADDRESS	10590 S.W. 100 ST	
6.4 CITY-ST-ZIP	MIAMI, FL. 33176	

14. I do 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 _____ TREASURER 9/1/97 (305) 933-1743

CR2E037 (4/97)