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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90047 024 ****70.00

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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 # N95000005167

1. Corporation Name
HOLLYWOOD COLOMBIAN-AMERICAN LIONS CLUB, INC.

144186 90047 24

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/01/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0787817
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 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) 83 84 City FL 85 Zip Code
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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 checked="" type="checkbox"/> DELETE	NAME: SIERRA, CARLOS	1.1 TITLE: PP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6190 N.W. 32 TERRACE	CITY-ST-ZIP: FT. LAUDERDALE FL 33309	1.2 NAME:	
TITLE: VPD <input type="checkbox"/> DELETE	NAME: CARRILLO, ANDY	1.3 STREET ADDRESS:	
STREET ADDRESS: 3530 MYSTIC POINTE DR, #2203	CITY-ST-ZIP: AVENTURA FL 33180	1.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS <input checked="" type="checkbox"/> DELETE	NAME: OMAR, YARCE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10836 MORNINGSTAR DRIVE	CITY-ST-ZIP: COOPER CITY FL 33026	2.2 NAME:	
TITLE: DT <input checked="" type="checkbox"/> DELETE	NAME: MANTILLA, JAIME	2.3 STREET ADDRESS:	
STREET ADDRESS: 10590 SW 100 ST	CITY-ST-ZIP: MIAMI FL 33176	2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: BLANCA, SIERRA	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3015 N. OCEAN BLVD. C-117	CITY-ST-ZIP: FORT LAUDERDALE FL 33308	3.2 NAME:	
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: MANTILLA, JAIME	3.3 STREET ADDRESS:	
STREET ADDRESS: 10590 S.W. 100 ST.	CITY-ST-ZIP: MIAMI FL 33176	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:	

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 *[Signature]* 2/5/99 305 937-1743

CR2E037 (11/98)