

DOCUMENT # P99000075435

1. Entity Name
COLTOURS, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90066 002 ***150.00

Principal Place of Business
2921 COLLINS AVE.
MIAMI BEACH FL 33140

Mailing Address
2921 COLLINS AVE.
MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0943788	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MONTOYA, OSCAR 6424 COLLINS AVE. #204 MIAMI BEACH FL 33141			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONLOYA, OSCAR		NAME	MONTOYA OSCAR	
STREET ADDRESS	6801 HARDING AVE N 516		STREET ADDRESS	2921 COLLINS AV	
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP	MIAMI BEACH. FL. 33140.	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	NORBERTO MARIO PODESTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUZZILLA, NORBERTO		NAME		
STREET ADDRESS	5443 COLLINS AVE N 410		STREET ADDRESS	2921 COLLINS AV	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH. FL. 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZZATO, FABIANA		NAME		
STREET ADDRESS	5443 COLLINS AVE N 410		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	ZULUAGA LUZ MERCEDES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZULUAGA, LUZ MERCEDES		NAME		
STREET ADDRESS	6801 HARDING AVE N 516		STREET ADDRESS	2921 COLLINS AV.	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI B. FL. 33140	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: DATE Daytime Phone #

CR2E034 (10/00)