

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V59799** (9)

1. Corporation Name

MICHAEL COLOMBIAN EMERALDS, INC.



Principal Place of Business

**36 NE FIRST ST
SUITE 300
MIAMI FL 33132**

Mailing Address

**% ROBERTSON & CO. PA
1100 PARK CENTRAL BLVD. SO., SUITE 1700
POMERANO BEACH FL 33064**

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 112407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

MIAMI - FL

Zip

Country

Zip

Country

24

25

29

FL 33131

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEISSERING, G.
36 NE 1ST STREET
SUITE 300
MIAMI FL 33132**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the corporation

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

**VPD VSD
LEISSERING, MANFRED
36 NE FIRST ST # 300
MIAMI FL**

☐ DELETE

**PD PTD
LEISSERING, GUDRON
36 NE FIRST ST # 300
MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

(305) 274 5889

Daytime Phone

CR2E034 (12/95)