# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 9:15

DOCUMENT # **N94000002957 (8)**

1. Corporation Name

**AMERICAN-COLOMBIAN INTERNATIONAL PARTNERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 431583<br>S. MIAMI FL 33243-1583 | P.O. BOX 431583<br>S. MIAMI FL 33243-1583 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1994
3a. Date of Last Report: n/a

4. FEI Number: EIN # 65-0521666 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status applied for ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

GONSUEGRA, MARIA E
155 S. MIAMI AVE., PH I
MIAMI FL 33130

**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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | T | 11 TITLE | ☐ Change ☐ Addition |
| NAME | FOX, FLORENCE | 12 NAME | |
| STREET ADDRESS | 800 S. ALHAMBRA CIRCLE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | 14 CITY-ST-ZIP | |
| TITLE | T | 21 TITLE | ☐ Change ☐ Addition |
| NAME | EDUDDAN, HERNAN | 22 NAME | |
| STREET ADDRESS | 12301 S.W. 99 ST. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33186 | 24 CITY-ST-ZIP | |
| TITLE | T | 31 TITLE | ☐ Change ☐ Addition |
| NAME | BALABAN, LARRY | 32 NAME | |
| STREET ADDRESS | 290 174TH STREET | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL 33160 | 34 CITY-ST-ZIP | |
| TITLE | T | 41 TITLE | ☐ Change ☐ Addition |
| NAME | LINERO, A.R. JR. | 42 NAME | |
| STREET ADDRESS | P.O. BOX 597 N/A | 43 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33114 | 44 CITY-ST-ZIP | |
| TITLE | T | 51 TITLE | ☐ Change ☐ Addition |
| NAME | ROMANO, GINA | 52 NAME | |
| STREET ADDRESS | 10961 S.W. 74TH STREET | 53 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33173 | 54 CITY-ST-ZIP | |
| TITLE | T | 61 TITLE | ☐ Change ☐ Addition |
| NAME | EHRLICH, ANGELA | 62 NAME | |
| STREET ADDRESS | 5944 S.W. 64TH PLACE | 63 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33143 | 64 CITY-ST-ZIP | |

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)(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:** Florence Fox — 4/25/95 — (305) 661-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A077