

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000001756 (4)

1. Corporation Name

COLOMBIAN AMERICAN BAR ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9010 S.W. 137TH AVE., SUITE 213  
MIAMI FL 33186

9010 S.W. 137TH AVE., SUITE 213  
MIAMI FL 33186

3. Date Incorporated or Qualified

04/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0573583

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

Country

25

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINTO-TORRES, FRANCISCO J  
9011 S.W. 137TH AVE., SUITE 213  
MIAMI FL 33186

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P  
NAME CURREA, MICHAEL  
STREET ADDRESS 1200 N.W. 78TH AVE., SUITE 212  
CITY-ST-ZIP MIAMI FL 33126

☐ DELETE

TITLE D  
NAME LANA, JAIRO  
STREET ADDRESS 8910 S.W. 68TH COURT, #K-1  
CITY-ST-ZIP MIAMI FL 33156

☒ DELETE

TITLE D/T  
NAME MALFELD, GARY D  
STREET ADDRESS 2600 DOUGLAS CENTRE, SUITE 905  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE D  
NAME MORALES, YOLANDA  
STREET ADDRESS 300 ARAGON AVE., SUITE 385  
CITY-ST-ZIP CORAL GABLES FL 33134

☒ DELETE

TITLE D  
NAME PINTO-TORRES, FRANCISCO J  
STREET ADDRESS 9010 S.W. 137TH AVE., SUITE 213  
CITY-ST-ZIP MIAMI FL 33186

☒ DELETE

TITLE D  
NAME REYNOSO, WLATER  
STREET ADDRESS 2937 S.W. 27TH AVE., SUITE 107  
CITY-ST-ZIP COCONUT GROVE FL 33133

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Lillian Vitagliano, Lillian  
1.3 STREET ADDRESS 2101 W. Commercial Blvd. # 3300  
1.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33306

☐ Change ☒ Addition

2.1 TITLE D/S  
2.2 NAME Fred Woodbridge, Frederick Jr.  
2.3 STREET ADDRESS 100 Biscayne Blvd. 21st Floor  
2.4 CITY-ST-ZIP Miami, Fl. 33132-2306

☐ Change ☒ Addition

3.1 TITLE D/VP  
3.2 NAME SALLATO, MARIA TERESA  
3.3 STREET ADDRESS 9990 S.W. 77 Avenue # 303  
3.4 CITY-ST-ZIP Miami, Fl. 33156

☐ Change ☒ Addition

4.1 TITLE D  
4.2 NAME MULLIN, TERRANCE J  
4.3 STREET ADDRESS GABLES SQUARE, 75 VALENCIA AVENUE S-400  
4.4 CITY-ST-ZIP CORAL GABLES, FL. 33134-6108

☐ Change ☒ Addition

5.1 TITLE D  
5.2 NAME BRASWELL, LINDA  
5.3 STREET ADDRESS 9990 S.W. 77 AVENUE # 303  
5.4 CITY-ST-ZIP MIAMI, FL. 33156

☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GARY D. MALFELD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY D. MALFELD 4/26/96 (305) 445-8444  
Date Daytime Phone #

CR2E037 (12/95)