


FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31133** (4)
1. Corporation Name
COLOMBIAN-AMERICAN ASSOCIATION OF FLORIDA INC.



Principal Place of Business 1011 RIDGE DRIVE PALM HARBOR FL 34683 US	Mailing Address PO BOX 152457 TAMPA FL 33684 US
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3. Date Incorporated or Qualified 03/13/1989
4. FEI Number 59-2940241
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4301 Foxglen Ln.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, Florida	City & State 28
Zip 24 33624-1717	Country 25 USA
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent FOUSECA, JUAN YESID 1011 RIDGE DRIVE PALM HARBOR FL 34683	
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10. Name and Address of New Registered Agent	
81 Name LUTZ, ESTHER	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 4301 Foxglen Lane	
84 City Tampa	85 Zip Code FL 33624-1717

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 *Esther Lutz* **Esther Lutz** **1/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DE LA CRUZ, ELEUTERIO	1.1 TITLE D Luis F. Montejó	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7315 WOODHALL CT.		1.2 NAME 4802 Foxshire circle	
CITY-ST-ZIP TAMPA FL 33634	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS Tampa, Fl. 33624	
TITLE D	NAME LUTZ, ESTER	2.1 TITLE D Lutz, Esther	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4301 FOXGLEN LANE		2.2 NAME 4301 Foxglen Lane	
CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS Tampa, Fl. 33624-1717	
TITLE T	NAME BALLESTAS, ENRIQUE E	2.4 CITY-ST-ZIP Clearwater, Fl. 33762	
STREET ADDRESS 3165 SPOONBILL CT.		3.1 TITLE D Enrique E. Ballestas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP CLEARWATER FL 34622	<input checked="" type="checkbox"/> DELETE	3.2 NAME 3165 Spoonbill Court	
TITLE		3.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	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.

SIGNATURE: *Enrique E. Ballestas* **Enrique E. Ballestas - 1/28/98 - 572-6744**

CR2E037 (1097)