


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

03-02-1999 90047 024 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005167

1. Corporation Name

HOLLYWOOD COLOMBIAN-AMERICAN LIONS CLUB, INC.

144186 90047 24

Principal Place of Business

3015 N OCEAN BOULEVARD
SUITE C-117
FORT LAUDERDALE FL 33308

Mailing Address

10590 SW 100 ST
MIAMI FL 33176



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0787817	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		30			

9. Name and Address of Current Registered Agent

MANTILLA, JAIME E
10590 SW 100 STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		(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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, CARLOS		1.2 NAME		
STREET ADDRESS	6190 N.W. 32 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRILLO, ANDY		2.2 NAME		
STREET ADDRESS	3530 MYSTIC POINTE DR, #2203		2.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		2.4 CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Herman Rodriguez	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMAR, YARCE		3.2 NAME	2239 NOVA VILLAGE DR.	
STREET ADDRESS	10836 MORNINGSTAR DRIVE		3.3 STREET ADDRESS	DAVIE, FL. 33317	
CITY-ST-ZIP	COOPER CITY FL 33026		3.4 CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANTILLA, JAIME		4.2 NAME	NHORA CARRILLO	
STREET ADDRESS	10590 SW 100 ST		4.3 STREET ADDRESS	3530 MYSTIC POINTE DR. #2203	
CITY-ST-ZIP	MIAMI FL 33176		4.4 CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCA, SIERRA		5.2 NAME		
STREET ADDRESS	3015 N. OCEAN BLVD. C-117		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		5.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTILLA, JAIME		6.2 NAME		
STREET ADDRESS	10590 S.W. 100 ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *[Signature]* 2/5/99 305 937-1743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)