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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90030 001 \*\*\*\*75.00

DOCUMENT # N96000006486

1. Corporation Name

COLOMBIAN AMERICAN COALITION OF FLORIDA, INC.

Principal Place of Business

290 ARAGON AVENUE  
CORAL GABLES FL 33134  
US

Mailing Address

290 ARAGON AVENUE  
CORAL GABLES FL 33134  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

65-0716556

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☒

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SUAREZ, ENRIQUE  
290 ARAGON AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

CABRERA, CARLOS A.

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

12205 S.W. 71 Court

83

84 City

MIAMI

FL

85 Zip Code

33156

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 reinstating)

2/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SUAREZ, ENRIQUE  
STREET ADDRESS 12359 S W 132ND CT  
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ DELETE  
NAME CABRERA, CARLOS  
STREET ADDRESS 12205 S W 71ST CT  
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ DELETE  
NAME TARKAN, YAJMYN  
STREET ADDRESS 8241 S W 32ND TERRACE  
CITY-ST-ZIP MIAMI FL 33155

TITLE T ☐ DELETE  
NAME NEIRA, GABRIEL  
STREET ADDRESS 12420 S W 1ST ST RD  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE T ☐ DELETE  
NAME MANTILLA, JAIME  
STREET ADDRESS 290 ARAGON AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T ☐ DELETE  
NAME ITALO, CARVAJAL  
STREET ADDRESS 290 ARAGON AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME CABRERA, CARLOS A.  
1.3 STREET ADDRESS 12205 S.W. 71 Court  
1.4 CITY-ST-ZIP MIAMI FL 33156-5449

2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME SUAREZ, ENRIQUE  
2.3 STREET ADDRESS 12359 S.W. 132 Court  
2.4 CITY-ST-ZIP MIAMI FL 33186

3.1 TITLE T ☒ Change ☐ Addition  
3.2 NAME CARVAJAL, ITALO  
3.3 STREET ADDRESS 280 ARAGON AVENUE  
3.4 CITY-ST-ZIP CORAL GABLES FL 33134

4.1 TITLE S ☒ Change ☐ Addition  
4.2 NAME BONILLA, ANGELA  
4.3 STREET ADDRESS 4301 COLLINS AVENUE # 405  
4.4 CITY-ST-ZIP MIAMI BEACH FL 33140

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME NEIRA, GABRIEL  
5.3 STREET ADDRESS 12420 S.W. 1st. ST RD  
5.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME BEJARANO, MIGUEL  
6.3 STREET ADDRESS 1000 Ponce de Leon  
6.4 CITY-ST-ZIP Coral Gables, FL 33134

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 305-665-7278

Date

Daytime Phone #

CR2E037 (11/98)