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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N95000001756

1. Corporation Name
COLOMBIAN AMERICAN BAR ASSOCIATION, INC.

Principal Place of Business C/O TERRANCE J. MULLIN, ESQUIRE 2655 S. LEJEUNE RD. PH II CORAL GABLES FL 33134	Mailing Address C/O TERRANCE J. MULLIN, ESQUIRE 2655 S. LEJEUNE RD. PH II CORAL GABLES FL 33134
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/13/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0573583
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent MULLIN, TERRANCE J ESQ 2655 S. LEJEUNE RD PH II CORAL GABLES FL 33134	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
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MALFELD, GARY D		1.2 NAME	
STREET ADDRESS 420 S DIXIE HIGHWAY SUITE 208	8420 NW 52 St. Suite 107 Miami, FL 33166	1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33146		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME REYNOSO, WALTER		2.2 NAME	
STREET ADDRESS 2937 SW 27 AVE SUITE 107		2.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT GROVE FL 33133		2.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SALLATO, MARIA T		3.2 NAME	
STREET ADDRESS 9990 SW 77 AVE #303		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33156		3.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WOODBIDGE, FREDERICK JR		4.2 NAME	
STREET ADDRESS 100 BISCAYNE BLVD 21ST FLOOR		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33132		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CURREA, MICHAEL		5.2 NAME	
STREET ADDRESS 1200 NW 78TH AVE SUITE 212		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33126		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BRASWELL, LINDA		6.2 NAME	
STREET ADDRESS 9990 SW 77 AVE #303		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33156		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: Gary D. Malfeld **SIGNATURE REQUIRED** Gary D. Malfeld Date: Apr: 20, 1999 (305) 477-5688 Daytime Phone #

CR2E037 (1/98)